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HEALTH SERVICES AND DEVELOPMENT AGENCY
AUGUST 22, 2018
APPLICATION SUMMARY

NAME OF PROJECT: Premier Radiology-Antioch

PROJECT NUMBER: CN1805-021

ADDRESS: 3754 Murfreesboro Pike
Antioch (Davidson County), TN 37013

LEGAL OWNER: Middle Tennessee Imaging, LLC (MTI)
28 White Bridge Pike, Suite 111
Nashville (Davidson County), TN 37205

OPERATING ENTITY: PhyData, LLC
3024 Business Park Drive
Goodlettsville (Sumner County), TN 37072

CONTACT PERSON: Mark Gaw
(615) 239-2039

DATE FILED: May 18, 2018

PROJECT COST: \$3,558,788

FINANCING: Commercial Loan

PURPOSE FOR FILING: Establishment of an outpatient diagnostic center (ODC) and initiation of magnetic resonance imaging (MRI) services.

DESCRIPTION:

Middle Tennessee Imaging (MTI), LLC, d/b/a Premier Radiology is seeking to establish an outpatient diagnostic center (ODC) and initiate magnetic resonance imaging (MRI) services. The ODC will occupy 3,078 SF (rentable) of a 31,593 SF newly constructed medical office building (MOB) at 3754 Murfreesboro Pike in Antioch (Davidson County), Tennessee. The MOB is located on a parcel of land on the northeast corner of Murfreesboro Pike and Hobson Pike. Diagnostic services to be provided include MRI (1.5 Tesla), CT (16-slice), X-ray, mammography, and ultrasound which will support primary care services.

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Note to Agency Members: This application will be heard simultaneously with Antioch Diagnostic Center, CN1805-020, which is also for the establishment of an ODC with MRI, at the August 22, 2018 agency meeting. It proposes to locate in an existing MOB at 5380 Hickory Hollow Parkway, also in Antioch, a distance of approximately three miles.

OUTPATIENT DIAGNOSTIC CENTERS

1. The need for outpatient diagnostic services shall be determined on a county by county basis (with data presented for contiguous counties for comparative purposes) and should be projected four years into the future using available population figures.

The applicant's proposed primary service area (PSA) consists of 3 ZIP codes located within Davidson and Rutherford Counties. The applicant estimates 2,552 MRI scans in 2019 increasing by approximately 21.4% to 3,099 MRI scans in 2022. The projected utilization is based upon existing MTI patient referral patterns, patient redirections from existing MTI imaging centers to the proposed site, and the population growth of the PSA projected four years in the future. Please refer to page 26R of the original application for more details.

It appears that the application meets this criterion.

2. Approval of additional outpatient diagnostic services will be made only when it is demonstrated that existing services in the applicant's geographical service area are not adequate and/or there are special circumstances that require additional services.

The applicant identified 48.2 fixed MRIs in Davidson County and 12 fixed MRIs in Rutherford County. Review of the table on pages 9-10 of Supplemental #1, representing data obtained from the HSDA Equipment Registry, revealed the combined 2 county MRI utilization increased by approximately 5.9% from 167,499 total MRI scans in 2015 to 177,631 total MRI scans in 2017.

The applicant indicates another MRI unit is needed in the service area when factors such as MRI utilization and population growth are considered.

3. Any special needs and circumstances:

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- a. The needs of both medical and outpatient diagnostic facilities and services must be analyzed.

The applicant states that other than a physician MRI, that is located within The Pain Management Group, P.C. to serve its own patients, there are no MRIs within the proposed service area zip codes.

- b. Other special needs and circumstances, which might be pertinent, must be analyzed.

The applicant maintains that special needs and circumstances include the following: high utilization of existing providers; rapid population growth; and increased traffic congestion which adversely impact patient access to lower cost ODC services compared to higher cost hospital outpatient department (HOPD) rates. A table on page 5, Supplemental #1, shows travel distances and times to other Middle Tennessee MTI providers (within 60 miles).

- c. The applicant must provide evidence that the proposed diagnostic outpatient services will meet the needs of the potential clientele to be served.

1. The applicant must demonstrate how emergencies within the outpatient diagnostic facility will be managed in conformity with accepted medical practice.

The applicant states that physicians and technologists will be trained to handle all emergency situations. A crash cart, stocked with appropriate emergency equipment and medications will be maintained at all times. Hospital transfer agreements will be maintained with Saint Thomas Health with additional transfer agreements obtained upon the opening of the facility.

It appears that the application will meet this criterion.

2. The applicant must establish protocols that will assure that all clinical procedures performed are medically necessary and will not unnecessarily duplicate other services.

Existing MTI medical necessity and medical appropriateness policies will be utilized.

It appears that the application will meet this criterion.

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1. Utilization Standards for non-Specialty MRI Units.

a. An applicant proposing a new non-Specialty stationary MRI service should project a minimum of at least 2160 MRI procedures in the first year of service, building to a minimum of 2520 procedures per year by the second year of service, and building to a minimum of 2880 procedures per year by the third year of service and for every year thereafter.

As displayed on page 11 of Supplemental #1, the applicant projects 2,552 MRI scans in Year One (2019), 2,735 MRIs in Year Two (2020), 2,917 MRI scans in Year 3 (2021), and 3,099 in Year 4 (2022).

It appears that the applicant is on track to meet the MRI standard and meet this criterion.

b. Providers proposing a new non-Specialty mobile MRI service should project a minimum of at least 360 mobile MRI procedures in the first year of service per day of operation per week, building to an annual minimum of 420 procedures per day of operation per week by the second year of service, and building to a minimum of 480 procedures per day of operation per week by the third year of service and for every year thereafter.

c. An exception to the standard number of procedures may occur as new or improved technology and equipment or new diagnostic applications for MRI units are developed. An applicant must demonstrate that the proposed unit offers a unique and necessary technology for the provision of health care services in the Service Area.

d. Mobile MRI units shall not be subject to the need standard in paragraph 1 b if fewer than 150 days of service per year are provided at a given location. However, the applicant must demonstrate that existing services in the applicant's Service Area are not adequate and/or that there are special circumstances that require these additional services.

e. Hybrid MRI Units. The HSDA may evaluate a CON application for an MRI "hybrid" Unit (an MRI Unit that is combined/utilized with medical equipment such as a

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megavoltage radiation therapy unit or a positron emission tomography unit) based on the primary purposes of the Unit.

The criteria identified in items 1.b – 1.e above are not applicable to the applicant's proposed project.

2. Access to MRI Units. All applicants for any proposed new MRI Unit should document that the proposed location is accessible to approximately 75% of the Service Area's population. Applications that include non-Tennessee counties in their proposed Service Areas should provide evidence of the number of existing MRI units that service the non-Tennessee counties and the impact on MRI unit utilization in the non-Tennessee counties, including the specific location of those units located in the non-Tennessee counties, their utilization rates, and their capacity (if that data are available).

The defined primary service area (PSA) for the proposed project includes 3 zip codes located in Davidson and Rutherford Counties. These ZIP codes include 37013 (Antioch), 37086 (La Vergne), and 37217 (Nashboro Village and Smith Springs). The proposed location is accessible to 95% of the service area population.

It appears that this criterion has been met.

3. Economic Efficiencies. All applicants for any proposed new MRI Unit should document that alternate shared services and lower cost technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

The applicant is using a lower-cost technology by using a refurbished Gold-Seal 1.5T GE MRI at a cost of \$475,989.

It appears that the applicant will meet this criterion.

4. Need Standard for non-Specialty MRI Units.

A need likely exists for one additional non-Specialty MRI unit in a Service Area when the combined average utilization of existing MRI service providers is at or above 80% of the total capacity of 3,600 procedures, or 2,880 procedures, during the most recent twelve month period reflected in the provider medical equipment report

maintained by the HSDA.⁶ The total capacity per MRI unit is based upon the following formula:

Stationary MRI Units: 1.20 procedures per hour x twelve hours per day x 5 days per week x 50 weeks per year = 3,600 procedures per year

Mobile MRI Units: Twelve (12) procedures per day x days per week in operation x 50 weeks per year. For each day of operation per week, the optimal efficiency is 480 procedures per year, or 80 percent of the total capacity of 600 procedures per year.

In 2017 the overall MRI average utilization of Davidson and Rutherford County MRI providers was equal to 2,951 procedures per unit, or 102.4% of the 2,880 MRI utilization standard.

It appears that this criterion has been met.

5. Need Standards for Specialty MRI Units.

This standard does not apply to this application.

6. Separate Inventories for Specialty MRI Units and non-Specialty MRI Units.

This standard does not apply to this application.

7. Patient Safety and Quality of Care. The applicant shall provide evidence that any proposed MRI Unit is safe and effective for its proposed use.

- a. The United States Food and Drug Administration (FDA) must certify the proposed MRI Unit for clinical use.

The applicant has provided information in Tab 10 that documents the proposed 1.5T MRI meets FDA certification requirements.

It appears that this criterion has been met.

- b. The applicant should demonstrate that the proposed MRI Procedures will be offered in a physical environment that

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conforms to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements.

The applicant provided documentation from the contractor in Tab 16 confirming that all the requirements listed above will be met.

It appears that this criterion has been met.

- c. The applicant should demonstrate how emergencies within the MRI Unit facility will be managed in conformity with accepted medical practice.

The applicant has protocols and hospital transfer agreements in place to appropriately care for patient emergencies.

It appears that this criterion has been met.

- d. The applicant should establish protocols that assure that all MRI Procedures performed are medically necessary and will not unnecessarily duplicate other services.

The applicant has established protocols that ensure all MRI procedures performed are medically necessary and will not unnecessarily duplicate other services.

It appears that this criterion has been met.

- e. An applicant proposing to acquire any MRI Unit or institute any MRI service, including Dedicated Breast and Extremity MRI Units, shall demonstrate that it meets or is prepared to meet the staffing recommendations and requirements set forth by the American College of Radiology, including staff education and training programs.

The applicant is prepared to meet all American College of Radiology (ACR) standards, including those regarding staffing recommendations and requirements.

It appears that this criterion will be met.

- f. All applicants shall commit to obtain accreditation from the Joint Commission, the American College of Radiology, or a comparable accreditation authority for MRI within two years following operation of the proposed MRI Unit.

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MTI-Antioch commits to full accreditation by the American College of Radiology within 2 years from initiation of services and continuously thereafter.

It appears that this criterion has been met.

- g. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with its physician medical director must specify that said physician be an active member of the subject transfer agreement hospital medical staff.

The applicant will maintain a transfer agreement with Saint Thomas Health. Additional hospital transfer agreements will be sought following opening of the facility. The medical director will be an active member of the subject hospital medical staff.

It appears that this criterion has been met.

- 8. The applicant should provide assurances that it will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

The applicant states that it will submit data to the HSDA in a timely fashion consistent with requirements of the HSDA Equipment Registry process.

It appears that this criterion has been met.

- 9. In light of Rule 0720-11.01, which lists the factors concerning need on which an application may be evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

- a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration; or

It appears that this criterion is not applicable.

- b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

It appears that this criterion is not applicable

- c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

The applicant contracts with all four TennCare MCOs and participates in the Medicare program.

It appears that this criterion has been met.

- d. Who is proposing to use the MRI unit for patients that typically require longer preparation and scanning times (e.g., pediatric, special needs, sedated, and contrast agent use patients). The applicant shall provide in its application information supporting the additional time required per scan and the impact on the need standard.

It appears that this criterion is not applicable

Staff Summary

The following information is a summary of the original application and all supplemental responses. Any staff comments or notes, if applicable, will be in bold italics as a Note to Agency members.

Application Synopsis

MTI, LLC dba Premier Radiology, proposes to establish an Outpatient Diagnostic Center (ODC) with MRI that will provide onsite imaging services on the 1st floor at Saint Thomas Medical Partners-Antioch Care Center, a new primary care center in a newly constructed medical office building located at 3754 Murfreesboro Pike in Antioch (Davidson County), Tennessee. Antioch Care Center offers primary care, physical therapy, laboratory services, express care, walk-in and same-day appointment clinics, and evening and Saturday extended hours. To support the providers and patients of the primary care center, as well as other physicians and residents of the community, the proposed ODC will provide a full range of imaging services, including MRI, CT, Mammography, Ultrasound and X-Ray services, onsite in approximately 3,078 rentable leased square feet (SF) of the new 31,593 SF medical office building. An overview of the project is provided on pages 2-3R of the original application.

Facility and MRI Equipment Information

Key highlights of the applicant's proposed ODC and fixed MRI service are noted below.

- The applicant will purchase a refurbished 1.5 Tesla MRI unit at a cost of \$475,989 that will provide musculoskeletal imaging, body and breast imaging, cardiac imaging, neuro imaging and vascular imaging.
- The applicant has negotiated a 10-year initial term lease with Saint Thomas Health that consists of 3,078 rentable SF of space at a cost of \$1,310,476.
- The estimated square footage to be constructed for the proposed MRI/CT unit is 2,748 useable square feet at a cost of \$549,600.00 or \$200 per square foot.
- The applicant will be managed by PhyData, LLC located at 3024 Business Park Circle, Goodlettsville (Davidson County), TN.
- The hours of operation will consist of Monday through Friday from 8 am to 5 pm.

Ownership

- MTI d/b/a Premier Radiology is a joint venture between Saint Thomas Health (53.86%), NOL, LLC (42.15%), and Murfreesboro Imaging Partners (3.99%).
- MTI was created to own and operate outpatient diagnostic centers.
- An organizational/ownership chart is located in Attachment A.4.

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- A listing of 15 related MTI locations with driving time and distance from the applicant's proposed ODC in Antioch (within 60 miles or less) is provided in the table on page 5 of Supplemental 1.

NEED

Project Need

The applicant states that the proposed ODC with MRI is needed for the following reasons:

- The proposed project site is in a high growth area southeast of Nashville and will decrease the need of existing MTI patients residing in Antioch (37086), La Vergne (37086), and Nashboro Village/Smith Springs (37217) ZIP codes from traveling longer distances to other MTI locations for services.
- Within the three ZIP codes listed above, MTI provided the following number of imaging patient procedures in 2017: MRI-3,646; CT-2,910; X-Ray-7,287; Mammography-2,594; and Ultrasound-5,989.
- Demand for ODC, MRI, and CT services is expected to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient.
- If approved, patient deductibles and co-pays will be less in the ODC setting making ODC services more accessible and affordable.

Service Area Demographics

The applicant's proposed primary service area includes Davidson and Rutherford Counties. The total population of the proposed service area is estimated at 1,030,472 residents in calendar year (CY) 2018 increasing by approximately 6.60% to 1,099,156 residents in CY 2022.

- The total 25+ target age population is estimated at 681,663 residents in CY 2018 increasing approximately 6.05% to 722,917 residents in 2022.
- The total population of the state of Tennessee is expected to grow 4.40% during the same timeframe.
- The 25+ age population in the state of Tennessee overall is expected to increase 4.85% during the same timeframe.
- In CY 2022, the Age 25+ population is expected to be equal to 65.8% of the total population of the service area. This compares to the state of Tennessee overall at 68%.
- The latest 2018 percentage service area population enrolled in the TennCare program is approximately 18.4%, as compared to the statewide enrollment proportion of 20.58%.

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

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The applicant plans to primarily serve existing MTI patients that reside in Antioch (37013-Davidson County), La Vergne (37086-Rutherford County), and Nashboro Village/Smith Springs (37217-Davidson County). Highlights of the ZIP Codes in the PSA are summarized from tables on page 32R of the application as follows:

- The total population of the applicant's 3 ZIP code service area is estimated at 156,481 residents in calendar year (CY) 2018 increasing by approximately 8.6% to 169,965 residents in CY 2022.
- In 2022, the 37013 ZIP code (Antioch-Davidson County) population is projected at 97,573, 37086 ZIP code (La Vergne-Rutherford County) at 37,606, and 37217 (Nashboro Village/Smith Springs-Davidson County) at 34,786.
- In 2022, the population of ZIP code 37013 (Antioch) is expected to account for approximately 13.4% of Davidson County's total population with ZIP code 37217 (Nashboro Village/Smith Springs) accounting for 4.8%.
- In 2022, the population of ZIP code 37086 (La Vergne) is expected to account for approximately 10.2% of Rutherford County's total population.

Service Area Historical Utilization

Service Area MRI Utilization, 2015-2017

Provider	Type (*)	# of MRIs In 2017	2015	2016	2017	2017 Average Utilization Per MRI	% of MRI Standard 2,880 in 2017	% Change '15-'17
Davidson County								
Belle Meade Imaging	ODC	1	3,050	2,669	2,317	2,317	80.5%	-24.0%
Elite Sports Medicine and Orthopaedic Center (added one MRI for 2017)	PO	3	6,437	6,859	8,116	2,705	93.9%	+26.1%
Heritage Medical Associates-Murphy Avenue (shared MRI)	PO	.5	1,595	1,461	1,373	2,746	95.3%	-13.9%
Hillsboro Imaging	ODC	1	4,379	3,905	3,692	3,692	128.2%	-15.6%
Hughston Clinic Orthopaedics at Harding Place	ODC	2	4,436	5,156	2,054	1,027	35.7%	-53.7%
Millennium MRI, LLC (shared MRI)	ODC	.5	495	313	303	606	21.0%	-38.8%
Mobile MRI Services Briarville	ODC	.2	0	696	881	4,405	153.0%	n/a
Nashville Bone and Joint	PO	0	1,001	841	0	0	0.0%	n/a
Nashville General Hospital	HOSP	1	1,398	1,564	1,610	1,610	55.9%	+15.2%
Next Generation Imaging, LLC (shared MRI)	ODC	.5	763	857	618	1,236	42.9%	-19.0%
One Hundred Oaks Breast Center	H-Imaging	1	870	934	984	984	34.2%	+13.1%
One Hundred Oaks Imaging	ODC	2	5,623	8,302	8,600	4,300	149.3%	+52.9%
Outpatient Diagnostic Ctr. of Nashville	ODC	2	5,498	5,260	5,177	2,589	89.9%	-5.8%
Pain Management Group, PC	PO	1	1,878	3,680	3,370	3,370	117.0%	+79.4%
Premier Radiology Belle Meade	ODC	3	5,930	6,930	7,617	2,539	88.2%	+28.4%
Premier Radiology of Brentwood	ODC	1	2,914	2,517	2,966	2,966	103.0%	+1.8%
Premier Radiology Hermitage	ODC	2	5,162	5,735	6,721	3,361	116.7%	+30.2%
Premier Radiology Midtown	ODC	2	3,735	4,215	4,550	2,275	79.0%	+21.8%
Premier Radiology Nashville	ODC	1	1,954	2,165	2,886	2,886	100.2%	+47.7%
Premier Radiology St. Thomas West	ODC	1	2,568	2,889	3,033	3,033	105.3%	+18.1%
Specialty MRI	ODC	.5	797	799	897	1,794	62.3%	+12.5%
St. Thomas Medical Partners-Howell Allen Imaging	PO	1	4,871	0	208	-	-	-95.7%
St. Thomas Midtown Hospital	HOSP	1	2,825	3,156	3,503	3,503	121.6%	+24.0%
St. Thomas Hospital West	HOSP	2	4944	5962	3156	1,578	54.8%	-36.2%
Tennessee Oncology, PET Services	PO	1	1,542	1,595	1,508	1,508	52.4%	-2.2%
Tennessee Orthopaedic Alliance Imaging	PO	2	7,564	8,150	8,607	4,304	149.4%	+13.8%
TriStar Centennial Medical Center	HOSP	4	9,729	9,755	10,470	2,618	90.9%	+7.6%
TriStar Skyline Medical Center	HOSP	2	8,097	7,155	7,538	3,769	130.9%	-6.9%
TriStar Southern Hills Medical Center	HOSP	1	2,771	2,930	2,932	2,932	101.8%	+5.8%
TriStar Summit Medical Center	HOSP	1	4,363	4,292	4,677	4,677	162.4%	+7.2%
TriStar Summit Medical Center-ODC	ODC	1	2,040	1,954	1,773	1,773	61.6%	-13.9%
Vanderbilt University Medical Ctr.	HOSP	6	30,164	30,797	32,772	5,462	189.7%	+8.6%
Davidson County Sub-total		48.2	139,393	143,493	144,909	3,006	104.4%	+4.0%

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Rutherford County								
Imaging Center of Murfreesboro	ODC	1	5,244	5,624	**5,624	5,624	195%	+7.25%
Murfreesboro Medical Clinic-Garrison Drive	PO	1	2,770	2,597	2,973	2,973	103%	+7.33%
Pain Management Group (Implemented for 3.5 month in 2017)	PO	1	N/A	N/A	477	1,639 (annualized)	56.9%	N/A
Premier Radiology Murfreesboro	ODC	2	6,480	7,384	7,998	3,999	139%	+23.4%
Premier Radiology Smyrna	ODC	2	3,614	4,334	4,677	2,339	81%	+29.4%
St. Thomas Rutherford Hospital	HOSP	2	2,572	3,306	2,070	1,035	36%	-19.5%
Tennessee Orthopaedic Alliance Imaging	PO	2	4,530	5,601	6,039	3,020	105%	+33.3%
TriStar Stonecrest Medical Center	HOSP	1	2,896	3,072	2,864	2,864	99%	-1.1%
Rutherford County Sub-Total		12	28,106	31,918	32,722	2,727	94.7%	+16.4%
Service Area Total		60.20	167,499	175,411	177,631	2,951	102.4%	+5.9%

Notes: (*) HOSP= Hospital, PO = Physician Office, HODC = Imaging Center that is a hospital department, ODC = Outpatient Diagnostic Center;

**Imaging Center of Murfreesboro did not report 2017 data so the 2016 historical data was used as an estimate for 2017.

Source: CN1805-021 Supplemental #1, Pages 9-10

- The chart above indicates that MRI volumes in the 2-county proposed service area increased 5.9% between 2015 and 2017. 24 out of 37 (65%) of all providers experienced increased volume during this time period.
- Overall, the MRIs in the service area operated at approximately 102.4% of the optimal MRI volume standard in 2017.

Applicant's Historical and Projected Utilization

- MTI operates one ODC with 2 fixed MRIs and 1 CT scanner at Premier Radiology-Smyrna which is approximately 6.9 miles east of the applicant's proposed ODC.
- Including its Smyrna site, there are 9 existing MTI locations within 20 miles or less that currently provide MRI services to residents of the proposed 3 ZIP code PSA in Davidson and Rutherford Counties. As noted, the distances and travel times to the 14 MTI locations from the proposed ODC are shown in the table on page 5 of Supplemental 1.
- A table showing the 3 year MRI utilization trend at the 14 MTI sites by residents of the applicant's PSA was provided in Supplemental 1, pages 2-3.
- Patient origin data showing MRI utilization by residents of the applicant's proposed 3 ZIP code PSA in 2017 is shown in the following table:

MRI Procedures by Provider in 2017, Davidson and Rutherford County Residents

Provider Name	Procedures	Distribution
Premier Smyrna	1,396	38.3%
Premier Hermitage	538	14.8%
Premier Brentwood	454	12.5%
Premier Belle Meade	311	8.5%
Premier Midtown	266	7.3%
Premier Nashville	227	6.2%
All Other (less than 5%)	453	12.4%
TOTAL	3,645	100.0%

Source: CN1805-021, Supplemental 1, Item 2, Pages 2-3

As indicated in the table above:

- Approximately 38.3% of MRI procedures of residents in the 37013, 37086, and 37217 ZIP codes were performed at Premier Smyrna (15-minute drive time) in 2017.
- MTI sites within 28 miles of the proposed ODC in Antioch captured approximately 88.6% of total 3 ZIP code resident MRI procedures in 2017.

The table below shows utilization by residents of the applicant's proposed PSA at 14 MTI locations within 65 miles of the proposed PSA for the 2015-2017 period. The use by residents of the applicant's 3 ZIP code PSA as a percentage of the total MRI volumes of each MTI site is shown in the far right column of the table.

MRI Historical Volumes of MTI Sites

MTI Site	PSA Residents (2015)	PSA Residents (2016)	PSA Residents (2017)	Site Total (2017)	PSA Residents as a % of Site Total (2017)
Premier-Baptist	239	258	266	4,511	5.9%
Premier-Belle Meade	214	274	311	7,558	4.1%
Premier-Brentwood	298	349	454	3,244	14%
Premier-Briarville	1	0	0	0	NA
Premier Clarksville	9	10	6	5,103	0.1%
Premier-Cool Springs	125	121	130	4,966	2.6%
Premier-Hendersonville	0	0	0	0	NA
Premier-Hermitage	372	448	538	6,664	8.1%
Premier-Lenox Village	0	0	0	0	NA
Premier-Mt. Juliet	62	72	75	4,206	1.8%
Premier-Murfreesboro	135	139	116	7,927	1.5%
Premier-Nashville	115	145	227	2,777	82%
Premier-Smyrna	1,009	1,145	1,396	4,633	4.2%
Premier-St Thomas West	118	122	126	3,003	4.2%
Total	2,697	3,083	3,656	54,592	6.7%

Source: CN1805-021, Supplemental 1, Pages 2-3

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- MRI volumes by residents of the applicant's proposed 3 ZIP code service area represented 6.7% of the total MRI volumes at the 14 MTI Sites identified in the table.
- Since 16-Slice Computed Tomography (CT) services, among other imaging modalities, will be also provided at the proposed ODC, the applicant included historical CT volumes in the table shown in Supplemental 1, pages 3-4. Residents of the applicant's service area accounted for approximately 2,910 or 6.0% of 48,630 total CT procedures at the 13 MTI sites in 2017.

The projected utilization of all imaging modalities planned for the proposed ODC is shown in the table below:

Projected Procedures, All Imaging Modalities

Imaging Modality	2019	2020	2021
MRI	2,552	2,735	2,917
CT	2,037	2,183	2,328
X-Ray	1,822	2,184	2,550
Mammography	1,297	1,427	1,556
Ultrasound	1,497	1,797	2,096
Total	9,205	10,326	11,447

Source: CN1805-021, Supplemental #1, Page 11.

- Projected MRI utilization is expected to increase by approximately 14.3% from Year 1 (2019) to Year 3 (2021) of the project.
- Projected MRI and CT utilization of the proposed ODC is expected to account for approximately 26.5% and 21.1%, respectively, of 10,326 total imaging procedures in Year2 (2020) of the project.

ECONOMIC FEASIBILITY

Project Cost

The total project cost is \$3,558,788.46. Of this amount, the major costs are as follows:

- Facility Lease-\$1,310,475.63 or 36.8% of total cost.
- Fixed imaging equipment, including MRI, CT, mammography, ultrasound, and X-Ray equipment - \$1,134,589.45 or 31.9% of total cost.
- Of the \$1,134,589.45 fixed equipment cost, the applicant will purchase a 1.5 Tesla refurbished fixed MRI unit from GE for \$475,989.45 that will be placed into service at the proposed ODC.
- For other details on Project Cost, see the Project Cost Chart on page 36 of the original application.

Financing

MTI will fund the proposed project from a commercial loan.

- A May 25, 2018 letter from Kent Clever, Senior Lending Officer, Pinnacle Bank identifying the interest rate and term of the \$1,780,301.44 line of credit available to fund the project is provided in Tab 17 of the attachments.
- Review of Middle Tennessee Imaging, LLC's balance sheet ending December 31, 2017 revealed cash and cash equivalents of \$2,613,517, total current assets of \$13,042,695 and current liabilities of \$18,203,643 for a current ratio of .71 to 1.0.

Note to Agency Members: Current Ratio is a general measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

- The net operating margin ratio for the total facility calculates to approximately 20.5% in Year 1 and 22.1% in Year 2.
- The projected net operating margin ratio for the MRI service calculates to approximately 33.8% in Year 1 and 34.6% in Year 2.

Note to Agency Members: The net operating margin demonstrates how much revenue is left over after all the variable or operating costs have been paid.

- MTI's capitalization ratio is 17.38% (as calculated from MTI's financial statements for the 2017 fiscal year period ending December 31, 2017).

Note to Agency Members: The capitalization ratio measures the proportion of debt financing in a business's permanent financing mix.

Historical Data Chart

- As an applicant for a new ODC, the applicant has no historical data.

Projected Data Chart

MTI provided projected data charts for the proposed ODC in total on pages 41-41A of the application and for MRI services on pages 42-42A. Some of the highlights are as follows:

MRI Services

- Estimated gross operating revenue is \$5,340,319 on 2,552 MRI procedures in FY2019 (Year 1) increasing by approximately 7.1% to \$5,721,770 on 2,735 procedures in FY2020 (Year 2).
- Net operating revenue for each of the first 2 years of the project is expected to be approximately 24.6% of gross operating revenue in Year One and 20.9% in Year Two.

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- Free Cash Flow (Net Balance + ¹⁸ Depreciation) of \$253,457 is projected for FY2019 and is expected to increase by approximately 15.3% to \$292,117 in FY2020.
- The applicant projects favorable net operating income of \$178,476 in Year 1, and \$324,390 in Year 2.
- The applicant allocates \$32,042 for charity care in Year 1 increasing to \$34,331 in Year 2. Based on a projected gross charge of \$2,092 per MRI procedure (*as clarified in Supplemental 2, Item 3*), these amounts calculate to approximately 15.30 charity care patients in Year 1 and 16.4 patients in Year 2.

Total Facility

- Gross operating revenue is expected to increase by approximately 8.8% from \$9,439,986 on 9,205 total imaging procedures in FY2019 to \$10,291,023 on 10,326 total procedures in FY2020.
- The applicant projects favorable net income of \$180,304 in Year 2 from a net income loss of (\$13,231) in Year 1.

Charges

- The proposed Year One MRI average gross charge equals \$2,093 per MRI procedure, average deductions from revenue \$1,578 per procedure, and average net charge \$515 per procedure.
- According to data reported in the HSDA Equipment Registry for the 2016 calendar year period, an average gross charge of \$2,093 per MRI procedure is between the first quartile (\$1,779.72 *per procedure*) and the median (\$2,474.23 *per procedure*) of MRI charges in Tennessee.

Medicare/TennCare Payor Mix

As a new facility, the applicant states that it will seek certification for participation in Medicare, TennCare, and Medicaid programs. The applicant's projected payor mix for Year 1 (FY2019) is as follows:

Payor Source	Gross Revenue	% Gross Revenue
Medicare/Medicare Managed Care	\$1,307,438	13.85%
TennCare/Medicaid	\$1,310,270	13.88%
Commercial/Other Managed Care	\$6,071,799	64.32%
Self-Pay	\$161,424	1.71%
Charity	\$56,640	0.6%
Other	\$532,415	5.64%
TOTAL	\$9,439,986	100.0%

Source: CN1805-021

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- TennCare/Medicaid-2018 projected revenue is \$1,310,270 representing approximately 13.9% of total revenue in Year 1.
 - Medicare-The applicant expects \$1,307,438 in Medicare revenue representing approximately 13.9% of total revenue in Year 1.
 - Managed Care/Commercial combined is projected to total \$6,071,799 or 64.3% of total revenue in Year 1.

PROVIDE HEALTHCARE THAT MEETS APPROPRIATE QUALITY STANDARDS

Licensure

- If approved, MTI's proposed new Antioch facility will be licensed by the Tennessee Department of Health as an ODC.

Certification

- MTI is Medicare and TennCare/Medicaid certified.

Accreditation

- MTI is accredited by the American College of Radiology.

Other Quality Standards

- As noted in the May 9, 2018 supplemental response, the applicant commits to obtaining and/or maintaining the following:
 - Staffing levels comparable to the staffing chart presented in the CON application. The applicant will maintain appropriate staffing levels consistent with facility imaging volumes.
 - Licenses in good standing
 - TennCare/Medicare certifications
 - As a new operator of the proposed ODC, the applicant does not have a three-year history to report regarding compliance with federal and state regulations.
 - Self-assessment and external peer assessment processes against nationally available benchmark data.
 - Data reporting, quality improvement and outcome/process monitoring systems.

CONTRIBUTION TO THE ²⁰ORDERLY DEVELOPMENT OF HEALTHCARE

Agreements

- On Tab 19 of the application attachments MTI lists over 25 active managed care contracts.
- The applicant expects to have an emergency transfer agreement with Saint Thomas Health affiliated hospitals.

Impact on Existing Providers

- The proposal will not have any negative impact on other providers as the applicant plans to redirect a portion of its existing patient population to MTI-Antioch.

Staffing

The applicant provided the facility staffing complement in the table on pages 45 and 46 of the original application. As noted in the table, total direct patient care in Year 1 is expected to be as follows:

- 1.0 FTE MRI technologist
- 1.0 FTE CT technologist
- 2.0 FTE radiation technologists
- 4.0 Total FTEs

Note to Agency Members: 1 FTE means an employee who works 2,080 regular hours per year.

Corporate documentation, real estate lease, and detailed demographic information are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in two years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:

There are no other Letters of Intent or pending projects for this applicant.

Denied Projects

Middle Tennessee Imaging, LLC d/b/a Premier Radiology, CN1605-016D, was denied at the October 26, 2016 Agency meeting for the establishment of an outpatient diagnostic center (ODC), acquisition of fixed magnetic resonance imaging (MRI) equipment, and the initiation of MRI services at 980 Professional

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Park Drive, Suite E in Clarksville (Montgomery County). The estimated cost was **\$941,648.00**. *Reason for Denial: The application did not meet the statutory criteria. The imaging service is located in Clarksville (Montgomery County); there was not an opportunity to examine the need of the other 19 counties in the service area.*

Outstanding Projects

Middle Tennessee Imaging, LLC d/b/a Premier Radiology, CN1803-014A, has an outstanding Certificate of Need that will expire August 1, 2020. The project was approved at the June 27, 2018 Agency meeting for the establishment an outpatient diagnostic center (ODC), the initiation of MRI services, and the acquisition of a fixed 1.5 Tesla MRI unit and fixed 16 slice CT unit at a new building under construction at 110 St. Blaise Road, Gallatin (Sumner County), TN, 37066. In addition to MRI and CT, the ODC will provide x-ray, mammography, and ultrasound services, which will support primary care services at the Saint Thomas Medical Partners-Gallatin Care Center. **The estimated project cost is \$6,078,275.** *Project Status Update: The project was recently approved.*

Middle Tennessee Imaging, LLC d/b/a Premier Radiology, CN1701-003A, has an outstanding Certificate of Need will expire June 1, 2019. The project was approved at the April 26, 2017 agency meeting for the establishment of an Outpatient Diagnostic Center, initiation of MRI services, and acquisition of a fixed MRI unit in leased space at 2723 New Salem Highway, Murfreesboro (Rutherford County), TN. **The estimated project cost is \$2,626,335.46.** *Project Status Update: Per an e-mail update received on May 17, 2018, the application for licensure was approved by the Tennessee Department of Health on May 16, 2018 and the facility was expected to open in the next 2 weeks. A Final Project Report is pending.*

Note: Saint Thomas Health has a financial interest in the proposed project and the following.

Pending Applications

Cumberland Behavioral Health, CN1806-022, has a pending application that will be heard at the October 24, 2018 Agency meeting for the establishment of a 76 bed mental health hospital at 300 Great Circle Road, Nashville (Davidson County), TN. The hospital will contain 40 adult inpatient psychiatric beds and 36 geriatric inpatient psychiatric beds. If approved, Saint Thomas West Hospital will close its 24 bed psychiatric unit and surrender those beds. **The estimated project cost is \$32,216,800.**

Denied Projects

Saint Thomas Midtown Hospital (Emergency Department at Brentwood), CN1412-049D, was denied at the March 25, 2015 Agency meeting for the establishment of a satellite emergency department facility with 8 treatment rooms at 791 Old Hickory Boulevard, Brentwood (Davidson County), TN. The facility was planned to be physically connected to Premier Radiology. **The estimated project cost was \$6,757,172.00.** *Reason for Denial: The application did not meet the statutory criteria. The decision was reached following consideration of the written report of the Department of Health/Office of Health Policy, the State Health Plan, the general criteria established by Health Services and Development Agency rules, and all evidence presented in the application.*

Outstanding Certificates of Need

Saint Thomas Surgery Center New Salem, CN1707-022A has an outstanding Certificate of Need that will expire December 1, 2020. The project was approved at the October 25, 2017 Agency meeting for the establishment of a multi-specialty ambulatory surgery treatment center (ASTC) with two operating rooms and one procedure room located at 2779 New Salem Road, Murfreesboro (Rutherford County), TN 37128. The project will involve the construction of 13,000 square feet of new ASTC space that will be leased by the applicant. **The estimated project cost is \$16,228,645.** *Project Status Update: Per the update provided in the March 26, 2018 Supplemental Response for CN1803-004, land was acquired for the site in March 2018, architectural plans are under development and review.*

Saint Thomas Rutherford Hospital, CN1707-021A, has an outstanding Certificate of Need that will expire on December 1, 2020. The project was approved at the October 25, 2017 Agency meeting for the addition of 72 beds which will increase the licensed bed capacity from 286 beds to 358 beds. The hospital is located at 1700 Medical Center Parkway, Murfreesboro (Rutherford County), TN 37129. **The estimated project cost is \$47,478,943.** *Project Status Update: Per a May 25, 2018 project update, the project is on time and within budget and expected to begin in October 2018.*

Saint Thomas Highlands Hospital, CN1706-020A, has an outstanding project that will expire on December 1, 2020. The project was approved at the October 25, 2017 Agency meeting for the expansion of an existing geriatric inpatient psychiatric unit located at 401 Sewell Road, Sparta (White County), TN 38583 from 10 beds to 14 beds. The redistribution will not affect the hospital's 60-bed licensed capacity. **The estimated project cost is \$358,226.** *Project Status Update: Per a May 25, 2018 project update, the project was expected to be completed by June 30, 2018. A final project report is pending.*

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CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no Letters of Intent or denied applications for similar service area entities proposing this type of service.

Pending Applications

Antioch Outpatient Diagnostic Center, CN1805-020 has a pending application that will be heard at the August 22, 2018 Agency meeting for the establishment of an outpatient diagnostic center (ODC) and the initiation of magnetic resonance imaging (MRI) services. The proposed ODC will be located in leased space located at 5380 Hickory Hollow Parkway, Suite 101, Antioch (Davidson County), TN. The application will be heard simultaneously with **Middle Tennessee Imaging, LLC d/b/a Premier Radiology, CN1805-021**. The estimated project cost is \$8,646,512.00.

Vanderbilt University Medical Center, CN1807-030 has a pending application that will be heard at the October 22, 2018 Agency meeting for the initiation of pediatric MRI services at an unaddressed site on the east side of Garrison Drive near the intersection of Garrison Drive and West College Street, Murfreesboro (Rutherford County), TN. The estimated project cost is \$3,537,915.71.

Outstanding Certificates of Need

Vanderbilt University Medical Center, CN1705-016A, has an outstanding Certificate of Need that will expire on October 1, 2020. The application was approved at the August 23, 2017 Agency meeting for the addition of a 3.0 Tesla magnetic resonance imaging (MRI) unit dedicated to pediatrics on the Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV) campus. **The estimated project cost is \$5,097,233.77.** *Project Status Update: According to a July 13, 2018 project update, construction for the MRI is underway.*

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, HEALTH CARE THAT MEETS APPROPRIATE QUALITY STANDARDS, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PME 8/7/2018

LETTER OF INTENT



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the The Tennessean which is a newspaper
(Name of Newspaper)
of general circulation in Davidson, Tennessee, on or before 05/18, 2018
(County) (Month / day) (Year)
for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Middle Tennessee Imaging, LLC d/b/a Premier Radiology,
(Name of Applicant)

an existing outpatient diagnostic center (ODC) provider,
(Facility Type-Existing)

owned by: Middle Tennessee Imaging, LLC with an ownership type of limited liability company
and to be managed by: PhyData, LLC intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: the establishment of a new ODC, the initiation of MRI and CT services, and the acquisition of a fixed 1.5T MRI unit and a fixed 16-slice CT unit, at a new building under construction at 3754 Murfreesboro Pike, Antioch, TN, 37013 (Davidson County). The proposed project will support Middle Tennessee Imaging, LLC's CON-exempt x-ray, mammography and ultrasound services at the Saint Thomas Medical Partners – Antioch Care Center. As part of the project, 3,078 rentable square feet of medical office space will be built out for the ODC. Total project costs are estimated to be \$3,558,788.

The anticipated date of filing the application is: May 18, 2018

The contact person for this project is Mark Gaw Chief Financial Officer
(Contact Name) (Title)
who may be reached at: PhyData, LLC 3024 Business Park Circle
(Company Name) (Address)
Goodlettsville TN 37072 615 / 239-2039
(City) (State) (Zip Code) (Area Code / Phone Number)
[Signature] 5-18-18 mark.gaw@phydata.com
(Signature) (Date) (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Application
(Copy)

Middle Tennessee Imaging, LLC
DBA Premier Radiology
Antioch (Davidson Co.) CN1805-021

CN1805-021

Premier Radiology | Saint Thomas Health

Middle Tennessee Imaging, LLC

D/B/A

Premier Radiology

Outpatient Diagnostic Center

Antioch, TN

Certificate of Need Application

May 18, 2018

**(Note: Requesting a Simultaneous Review with
Antioch Outpatient Diagnostic Center.)**



Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

CERTIFICATE OF NEED APPLICATION**SECTION A: APPLICANT PROFILE****1. Name of Facility, Agency, or Institution**

Middle Tennessee Imaging, LLC d/b/a Premier Radiology

Name

3754 Murfreesboro Pike

Street or Route

Davidson

County

Antioch

City

TN

State

37013

Zip Code

Website address: www.premierradiology.com

Note: The facility's name and address **must be** the name and address of the project and **must be** consistent with the Publication of Intent.

2. Contact Person Available for Responses to Questions

Mark Gaw

Name

Chief Financial Officer

Title

PhyData, LLC

Company Name

mark.gaw@phydata.com

Email Address

3024 Business Park Circle

Street or Route

Goodlettsville

City

TN

State

37072

Zip Code

Manager

Association with Owner

615-239-2039

Phone Number

615-296-9944

Fax Number

NOTE: **Section A** is intended to give the applicant an opportunity to describe the project. **Section B** addresses how the project relates to the criteria for a Certificate of Need by addressing: Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care.

Please answer all questions on **8½" X 11" white paper, clearly typed and spaced, single or double-sided, in order and sequentially numbered. In answering, please type the question and the response.** All questions must be answered. If an item does not apply, please indicate "N/A" (not applicable). **Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment, i.e., Attachment A.1, A.2, etc. The last page of the application should be a completed signed and notarized affidavit.**

A. Overview

Please provide an overview not to exceed three pages in total explaining each numbered point.

- 1) Description – Address the establishment of a health care institution, initiation of health services, bed complement changes, and/or how this project relates to any other outstanding but unimplemented certificates of need held by the applicant;

RESPONSE: Middle Tennessee Imaging, LLC (MTI) d/b/a Premier Radiology (Premier) currently operates 15 fixed site diagnostic imaging center locations in the metro Nashville area. MTI proposes the establishment of a new Outpatient Diagnostic Center (ODC), the initiation of MRI and CT services, and the acquisition of a fixed 1.5T MRI unit and a fixed 16-slice CT unit, all at 3754 Murfreesboro Pike, Antioch, TN, 37013 (Davidson County). The proposed project will support MTI's CON-exempt x-ray, mammography and ultrasound services at the Saint Thomas Medical Partners - Antioch Care Center. As part of the project, 3,078 rentable square feet of medical office space will be built out to house a full-service imaging center that includes one fixed MRI unit and one fixed CT unit.

- 2) Ownership structure;

RESPONSE: Middle Tennessee Imaging, LLC d/b/a Premier Radiology is a joint venture between Saint Thomas Health (53.86%), NOL, LLC (42.15%) and Murfreesboro Imaging Partners (3.99%). MTI was created to own and operate outpatient diagnostic centers.

- 3) Service area;

RESPONSE: The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County. These zip codes include: 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs.

- 4) Existing similar service providers; 30

RESPONSE: Other than The Pain Management Group, P.C., a physician practice which only services its own patients, there are no MRI units within the three zip code service area.

Likewise, other than The Pain Management Group, P.C., there are no CT units in the three zip code service area.

As documented later in this application, Davidson County and Rutherford County providers of MRI and CT services outside the service area have experienced growth in utilization over the past three reporting years and are operating at high effective capacities. Demand for ODC MRI and CT services is expected to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

Furthermore, both the Saint Thomas Medical Partners - Antioch Care Center and MTI's Antioch imaging site were selected to deliver patient care closer to where patients live in an integrated, full-service setting. Davidson County and Rutherford County are in high growth areas southeast of Nashville. Traffic in and around the service area is a growing concern, causing additional access issues to existing providers.

- 5) Project cost;

RESPONSE: Project costs include equipment costs of \$1,134,589 and leased facility costs of \$1,310,476 for 3,078 rentable square feet over the initial 10-year term. Total project costs are \$3,558,788.

- 6) Funding;

RESPONSE: The project will be funded by both a loan from Pinnacle Bank in Nashville and from the ongoing operating cash flows of Middle Tennessee Imaging, LLC.

- 7) Financial Feasibility including when the proposal will realize a positive financial margin; and

RESPONSE: The project is financially feasible and will realize a positive financial margin in its second year of operation.

- 8) Staffing.

RESPONSE: Minimal staffing is required for the project – four imaging techs and two support/administrative staff.

B. Rationale for Approval

A certificate of need can only be granted when a project is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care in the service area. This section should provide rationale for each criterion using the data and information points provided in Section B. of this application. Please summarize in one page or less each of the criteria:

1) Need;

RESPONSE: Middle Tennessee Imaging, LLC (MTI) d/b/a Premier Radiology (Premier) currently operates 15 fixed site diagnostic imaging center locations in the metro Nashville area. Both the Saint Thomas Medical Partners - Antioch Care Center and MTI's Antioch imaging site were selected to deliver patient care closer to where patients live. The Antioch area is a high population growth area southeast of Nashville.

The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County. These zip codes include: 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs.

Within these three zip codes, MTI already served the following numbers of imaging patient procedures in 2017:

- MRI – 3,646
- CT – 2,910
- X-Ray – 7,287
- Mammography – 2,594
- Ultrasound – 5,989

MTI-Antioch patients will be generated from the redirection of existing MTI patients within the existing MTI network of facilities. Rather than traveling longer distances to other locations, patients from the proximate zip codes within Davidson County and Rutherford County are expected and encouraged to receive the full range of imaging services from this new location in Antioch.

Davidson County and Rutherford County providers of MRI and CT services have experienced rapid growth in utilization over the past three reporting years. Demand for MRI and CT services is expected to grow as population growth in these three counties, aging of the patient population, and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. Patients are typically searching out ODCs since this type of provider is reimbursed at lower rates than hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

2) Economic Feasibility;

RESPONSE: Project costs include equipment costs of \$1,134,589 and leased facility costs of \$1,310,476 for 3,078 rentable square feet over the initial 10-year term. Total project costs are \$3,558,788. The project will be funded by a loan from Pinnacle Bank in Nashville. The project is financially feasible and will realize a positive financial margin in its second year of operation. Minimal staffing is required for the project – four imaging techs and two support/administrative staff.

3) Appropriate Quality Standards; and³²

RESPONSE: Like MTI's other existing ODCs, the MTI-Antioch ODC will be licensed by the Tennessee Department of Health. The MRI and CT units will be accredited by the American College of Radiology.

4) Orderly Development to adequate and effective health care.

RESPONSE: Davidson County and Rutherford County providers of MRI and CT services have experienced growth in utilization over the past three reporting years and are operating at high effective capacities. Demand for ODC MRI and CT services is expected to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

MTI's proposal to develop an ODC and establish MRI and CT services in the Saint Thomas Medical Partners - Antioch Care Center will have a positive impact on the delivery of high tech imaging services for the residents of Davidson County and Rutherford County.

Consent Calendar Justification

If Consent Calendar is requested, please provide the rationale for an expedited review.

A request for Consent Calendar must be in the form of a written communication to the Agency's Executive Director at the time the application is filed.

RESPONSE: Not applicable, Consent Calendar is not requested.

4. SECTION A: PROJECT DETAILSOwner of the Facility, Agency or Institution

A. Middle Tennessee Imaging, LLC (MTI) 615-986-6153
 Name Phone Number
28 White Bridge Pike, Suite 111 Davidson
 Street or Route County
Nashville TN 37205
 City State Zip Code

B. Type of Ownership of Control (Check One)

A. Sole Proprietorship _____ F. Government (State of TN or _____
 B. Partnership _____ Political Subdivision)
 C. Limited Partnership _____ G. Joint Venture _____
 D. Corporation (For Profit) _____ H. Limited Liability Company X
 E. Corporation (Not-for-Profit) _____ I. Other (Specify) _____

Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence. Please provide documentation of the active status of the entity from the Tennessee Secretary of State's web-site at <https://tnbear.tn.gov/ECommerce/FilingSearch.aspx>. Attachment Section A-4A. See Attachments, Tab 1 and Tab 2.

Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% ownership (direct or indirect) interest. See Attachments, Tab 3 and Tab 4.

5. Name of Management/Operating Entity (If Applicable)

PhyData, LLC
 Name
3024 Business Park Circle Davidson
 Street or Route County
Goodlettsville TN 37072
 City State Zip Code
 Website address: _____

For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. Attachment Section A-5. See Attachments, Tab 5.

6A. Legal Interest in the Site of the Institution (Check One)

- | | | | |
|-----------------------------|----------|--------------------|-------|
| A. Ownership | _____ | D. Option to Lease | _____ |
| B. Option to Purchase | _____ | E. Other (Specify) | _____ |
| C. Lease of <u>10</u> Years | <u>X</u> | | |

Check appropriate line above: For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements **must include** anticipated purchase price. Lease/Option to Lease Agreements **must include** the actual/anticipated term of the agreement **and** actual/anticipated lease expense. The legal interests described herein **must be valid** on the date of the Agency's consideration of the certificate of need application.

See Attachments, Tab 6 (6-A).

6B. Attach a copy of the site's plot plan, floor plan, and if applicable, public transportation route to and from the site on an 8 1/2" x 11" sheet of white paper, single or double-sided. **DO NOT SUBMIT BLUEPRINTS**. Simple line drawings should be submitted and need not be drawn to scale.

1) Plot Plan **must include**:

- Size of site (*in acres*);
- Location of structure on the site;
- Location of the proposed construction/renovation; and
- Names of streets, roads or highway that cross or border the site.

RESPONSE: The key on the first plot plan indicates a lot size of 4.66 acres. Murfreesboro Pike is marked along the bottom border of each plot plan.

- Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. On an 8 1/2 by 11 sheet of paper or as many as necessary to illustrate the floor plan.
- Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

RESPONSE: The site is located just off Murfreesboro Pike in Antioch, Tennessee, Davidson County. The service area is served by the Nashville Metropolitan Transit Authority.

Attachment Section A-6A, 6B-1 a-d, 6B-2, 6B-3.

See Attachments, Tab 7 (6-B1), Tab 8 (6-B2), and Tab 9 (6-B3).

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09:38 A.M.7. **Type of Institution** (Check as appropriate--more than one response may apply)

- | | |
|--|--|
| A. Hospital (Specify) _____ | H. Nursing Home _____ |
| B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty _____ | I. Outpatient Diagnostic Center <u>X</u> |
| C. ASTC, Single Specialty _____ | J. Rehabilitation Facility _____ |
| D. Home Health Agency _____ | K. Residential Hospice _____ |
| E. Hospice _____ | L. Nonresidential Substitution-Based Treatment Center for Opiate Addiction _____ |
| F. Mental Health Hospital _____ | M. Other (Specify) _____ |
| G. Intellectual Disability Institutional Habilitation Facility ICF/IID _____ | |

Check appropriate lines(s).

8. **Purpose of Review** (Check appropriate lines(s) – more than one response may apply)

- | | |
|--|---|
| A. New Institution <u>X</u> | F. Change in Bed Complement _____ |
| B. Modifying an ASTC with limitation still required per CON _____ | [Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation] |
| C. Addition of MRI Unit _____ | G. Satellite Emergency Dept. _____ |
| D. Pediatric MRI _____ | H. Change of Location _____ |
| E. Initiation of Health Care Service as defined in T.C.A. §68-11-1607(4) (Specify) <u>X</u> ODC, MRI _____ | I. Other (Specify) _____ |

9. **Medicaid/TennCare, Medicare Participation**MCO Contracts [Check all that apply]X AmeriGroup X United Healthcare Community Plan X BlueCare X TennCare SelectMedicare Provider Number 10G706948Medicaid Provider Number 3790913

Certification Type _____

If a new facility, will certification be sought for Medicare and/or Medicaid/TennCare?

Medicare X Yes ___ No ___ N/A Medicaid/TennCare X Yes ___ No ___ N/A

10. Bed Complement Data

A. Please indicate current and proposed distribution and certification of facility beds.

	<u>Current Licensed</u>	<u>Beds Staffed</u>	<u>Beds Proposed</u>	<u>*Beds Approved</u>	<u>**Beds Exempted</u>	<u>TOTAL Beds at Completion</u>
1) Medical						
2) Surgical						
3) ICU/CCU						
4) Obstetrical						
5) NICU						
6) Pediatric						
7) Adult Psychiatric						
8) Geriatric Psychiatric						
9) Child/Adolescent Psychiatric						
10) Rehabilitation						
11) Adult Chemical Dependency						
12) Child/Adolescent Chemical Dependency						
13) Long-Term Care Hospital						
14) Swing Beds						
15) Nursing Home – SNF (Medicare only)						
16) Nursing Home – NF (Medicaid only)						
17) Nursing Home – SNF/NF (dually certified Medicare/Medicaid)						
18) Nursing Home – Licensed (non-certified)						
19) ICF/IID						
20) Residential Hospice						
TOTAL						

*Beds approved but not yet in service

**Beds exempted under 10% per 3 year provision

Response: Not applicable.

B. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the applicant facility's existing services. Attachment Section A-10.

C. Please identify all the applicant's outstanding Certificate of Need projects that have a licensed bed change component. If applicable, complete chart below.

Response: Not applicable

<u>CON Number(s)</u>	<u>CON Expiration Date</u>	<u>Total Licensed Beds Approved</u>

11. Home Health Care Organizations – Home³⁷ Health Agency, Hospice Agency (excluding Residential Hospice), identify the following by checking all that apply: **Not Applicable**

	Existing Licensed County	Parent Office County	Proposed Licensed County		Existing Licensed County	Parent Office County	Proposed Licensed County
Anderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lauderdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bledsoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loudon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bradley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McMinn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campbell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	McNairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Madison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheatham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marshall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claiborne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crockett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morgan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cumberland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Davidson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decatur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DeKalb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pickett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dickson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fayette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robertson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gibson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rutherford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grainger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sequatchie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grundy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamblen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stewart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hancock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardeman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Davidson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trousdale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unicoi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henderson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Henry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Van Buren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hickman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Houston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humphreys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wayne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weakley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Williamson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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12. Square Footage and Cost Per Square Footage Chart

Unit/Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage						
					Renovated	New	Total				
Imaging	N/A	-0-	N/A	First Floor	-0-	2,748	2,748				
Unit/Department GSF Sub-Total	N/A	-0-	N/A	First Floor	-0-	-0-	2,748				
Other GSF Total											
Total GSF	N/A	-0-	N/A	First Floor	-0-	2,748	2,748				
*Total Cost					-0-	\$549,600	\$549,600				
**Cost Per Square Foot					-0-	\$200.00	\$200.00				
RESPONSE 1: Cost per square foot above does not include \$50.00/RSF tenant improvement allowance. Line A5 on the project cost chart is calculated as follows: \$549,600 minus \$153,888 (\$50* 3,078 RSF) = \$395,712. Cost per Square Foot Is Within Which Range (For quartile ranges, please refer to the Applicant's Toolbox on www.tn.gov/hsda)					<input type="checkbox"/> Below 1 st Quartile <input type="checkbox"/> Between 1 st and 2 nd Quartile <input type="checkbox"/> Between 2 nd and 3 rd Quartile <input type="checkbox"/> Above 3 rd Quartile	<input type="checkbox"/> Below 1 st Quartile <input type="checkbox"/> Between 1 st and 2 nd Quartile <input type="checkbox"/> Between 2 nd and 3 rd Quartile <input type="checkbox"/> Above 3 rd Quartile	<input type="checkbox"/> Below 1 st Quartile <input type="checkbox"/> Between 1 st and 2 nd Quartile <input type="checkbox"/> Between 2 nd and 3 rd Quartile <input type="checkbox"/> Above 3 rd Quartile				
					RESPONSE 2: Data not available for ODCs.						

* The Total Construction Cost should equal the Construction Cost reported on line A5 of the Project Cost Chart.

³⁹
** Cost per Square Foot is the construction cost divided by the square feet. Please do not include contingency costs.

13. MRI, PET, and/or Linear Accelerator

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1. Describe the acquisition of any Magnetic Resonance Imaging (MRI) scanner that is adding a MRI scanner in counties with population less than 250,000 or initiation of pediatric MRI in counties with population greater than 250,000 and/or

RESPONSE: GE 1.5T MRI HDxt

2. Describe the acquisition of any Positron Emission Tomographer (PET) or Linear Accelerator if initiating the service by responding to the following:

RESPONSE: Not applicable.

A. Complete the chart below for acquired equipment.

<input type="checkbox"/> Linear Accelerator	Mev _____	Types: <input type="checkbox"/> SRS <input type="checkbox"/> IMRT <input type="checkbox"/> IGRT <input type="checkbox"/> Other _____
	Total Cost*: _____	<input type="checkbox"/> By Purchase
<input type="checkbox"/> New	<input type="checkbox"/> Refurbished	Expected Useful Life(yrs) _____
		<input type="checkbox"/> If not new, how old? (yrs) _____
<input checked="" type="checkbox"/> MRI	Tesla: 1.5	Magnet: <input type="checkbox"/> Breast <input type="checkbox"/> Extremity <input type="checkbox"/> Open <input type="checkbox"/> Short Bore <input type="checkbox"/> Other _____
	Total Cost*: \$475,989	<input checked="" type="checkbox"/> By Purchase
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Refurbished	Expected Useful Life (yrs) _____
		<input type="checkbox"/> If not new, how old? (yrs) TBD
<input type="checkbox"/> PET	<input type="checkbox"/> PET only <input type="checkbox"/> PET/CT <input type="checkbox"/> PET/MRI	
	Total Cost*: _____	<input type="checkbox"/> By Purchase
<input type="checkbox"/> New	<input type="checkbox"/> Refurbished	Expected Useful Life (yrs) _____
		<input type="checkbox"/> If not new, how old? (yrs) _____

* As defined by Agency Rule 0720-9-.01(13)

- B. In the case of equipment purchase, include a quote and/or proposal from an equipment vendor. In the case of equipment lease, provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments along with the fair market value of the equipment.

RESPONSE: Please see **Attachments, Tab 10.**

- C. Compare lease cost of the equipment to its fair market value. Note: Per Agency Rule, the higher cost must be identified in the project cost chart.

RESPONSE: Not applicable.

D. Schedule of Operations:

Location	Days of Operation (Sunday through Saturday)	Hours of Operation (example: 8 am – 3 pm)
Fixed Site (Applicant)	Monday - Friday	8:00am – 5:00 pm
Mobile Locations (Applicant)		
(Name of Other Location)		
(Name of Other Location)		

E. Identify the clinical applications to be provided that apply to the project.

RESPONSE: The fixed MRI unit will be used for the following clinical applications:

- Musculoskeletal imaging,
- Body and breast imaging,
- Cardiac imaging,
- Neuro imaging and
- Vascular imaging.

F. If the equipment has been approved by the FDA within the last five years provide documentation of the same.

RESPONSE: FDA approval is provided with the vendor quotation in **Attachments, Tab 10.**

SECTION B: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with T.C.A. § 68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of health care.” Further standards for guidance are provided in the State Health Plan developed pursuant to T.C.A. § 68-11-1625.

The following questions are listed according to the four criteria: (1) Need, (2) Economic Feasibility, (3) Applicable Quality Standards, and (4) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11" white paper, single-sided or double sided. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer, unless specified otherwise. **If a question does not apply to your project, indicate “Not Applicable (NA).”**

QUESTIONS

SECTION B: NEED

- A. Provide a response to each criterion and standard in Certificate of Need Categories in the State Health Plan that are applicable to the proposed project. Criteria and standards can be obtained from the Tennessee Health Services and Development Agency or found on the Agency’s website at <http://www.tn.gov/hsda/article/hsda-criteria-and-standards>.

RESPONSE: Under the “*Tennessee Health: Guidelines for Growth*,” there are three sets of criteria applicable to the proposed project:

- Outpatient Diagnostic Centers
- Construction, Renovation, Expansion & Replacement of Health Care Institutions and
- Magnetic Resonance Imaging (MRI).

Each set of criteria is addressed below.

- 1. The need for outpatient diagnostic services shall be determined on a county by county basis (with data presented for contiguous counties for comparative purposes) and should be projected four years into the future using available population figures.**

RESPONSE: See the sections below, describing the need for the MRI and CT services which will be offered in the ODC proposed by MTI. Both the need methodologies and the results are provided on a county by county basis, for 2017 (base year) and 2022 (horizon year).

The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County. These zip codes include: 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs.

As documented later in this application, Davidson County providers of MRI and CT services have experienced growth in utilization over the past three reporting years and are operating at high effective capacities. Demand for ODC MRI and CT services is expected to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

Furthermore, both the Saint Thomas Medical Partners - Antioch Care Center and MTI's Antioch imaging site were selected to deliver patient care closer to where patients live in an integrated, full-service setting. Davidson County and Rutherford County are in high growth areas in metropolitan Nashville. Traffic in and around the geographical service area is a growing concern, causing additional access issues to existing providers.

- 2. Approval of additional outpatient diagnostic services will be made only when it is demonstrated that existing services in the applicant's geographical service area are not adequate and/or there are special circumstances that require additional services.**

RESPONSE: See the sections, below, describing the need for the MRI and CT services which will be offered in the ODC proposed by MTI. Both the need methodologies and the results are provided on a county by county basis, for 2017 and 2022.

3. Any special needs and circumstances:

- a. The needs of both medical and outpatient diagnostic facilities and services must be analyzed.**

RESPONSE: See the sections, below, describing the need for the MRI and CT services which will be offered in the ODC proposed by MTI.

Other than a physician office MRI, that is located within The Pain Management Group, P.C. to serve its own patients, there are no MRIs within the proposed service area zip codes.

In 2017 there were 49 fixed MRI's in Davidson County, and 12 fixed MRI's in Rutherford County. In 2017 the 48 fixed MRIs in Davidson County provided a total of 144,028 procedures, an average of 3,001 procedures per MRI, representing a 83.3% utilization rate. The 12 fixed MRIs in Rutherford County provided a total of 32,245 procedures, which is an average of 2,783 procedures per MRI representing a 77.3% utilization rate. One MRI in 2017 did not report data and for that MRI the 2017 data was assumed to be consistent with 2016 data. One MRI was implemented in mid-September 2017 so annualized numbers are used for this MRI.

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Davidson County and Rutherford County providers of MRI and CT services have experienced growth in utilization over the past three reporting years and are operating at high effective capacities. Demand for ODC MRI and CT services is expected to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

b. Other special needs and circumstances, which might be pertinent, must be analyzed.

RESPONSE: See the sections, below, describing the need for the MRI and CT services which will be offered in the ODC proposed by MTI. The special needs and circumstances include high utilization of existing providers, rapid population growth and increased traffic levels which adversely impact patient access to lower cost ODC services compared to higher cost hospital outpatient department (HOPD) rates.

c. The applicant must provide evidence that the proposed diagnostic outpatient services will meet the needs of the potential clientele to be served.

1. The applicant must demonstrate how emergencies within the outpatient diagnostic facility will be managed in conformity with accepted medical practice.

RESPONSE: Emergencies in outpatient imaging ODCs are extremely rare. As with MTI's existing ODC operations, physicians and technologists will be trained to handle emergency situations. A crash cart, stocked with appropriate emergency equipment and medications, will be maintained at all times. Hospital transfer agreements will be maintained with Saint Thomas Health, as shown in **Attachments, Tab 11**. Upon facility opening, additional hospital transfer agreements will be obtained.

2. The applicant must establish protocols that will assure that all clinical procedures performed are medically necessary and will not unnecessarily duplicate other services.

Response: As an existing ODC provider of MRI and CT services, existing MTI policies regarding medical necessity and medical appropriateness will be maintained.

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**CONSTRUCTION, RENOVATION, EXPANSION & REPLACEMENT OF
HEALTH CARE INSTITUTIONS**

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

RESPONSE: MTI acknowledges this statement and has provided responses to the MRI guidelines.

2. For relocation or replacement of an existing licensed health care institution:

- a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.
- b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

RESPONSE: Not applicable. The MTI project does not include the relocation or replacement of an existing licensed health care institution.

3. For renovation or expansions of an existing licensed health care institution:

- a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

RESPONSE: See the sections, below, describing the need for the MRI and CT services which will be offered in the ODC proposed by MTI.

The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County. These zip codes include: 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs.

Davidson County providers of MRI and CT services have experienced growth in utilization over the past three reporting years and are operating at high effective capacities. Demand for ODC MRI and CT services is expected to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

Furthermore, both the Saint Thomas Medical Partners - Antioch Care Center and MTI's Antioch imaging site were selected to deliver patient care closer to where patients live in an integrated, full-service setting. The proposed service area is in a high growth area in southeast Nashville. Traffic in and around the proposed service area is a growing concern, causing additional access issues to existing providers.

- b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

Response: The proposed MRI and CT space is "first generation" space in a newly completed medical office building. In other words, it has never been finished or built out for tenant occupancy.

1. Utilization Standards for non-Specialty MRI Units.

- a. An applicant proposing a new non-Specialty stationary MRI service should project a minimum of at least 2160 MRI procedures in the first year of service, building to a minimum of 2520 procedures per year by the second year of service, and building to a minimum of 2880 procedures per year by the third year of service and for every year thereafter.

RESPONSE: MTI-Antioch is projected to meet each of these criteria. Please see the text following this section for narrative with calculations and exhibits.

- b. Providers proposing a new non-Specialty mobile MRI service should project a minimum of at least 360 mobile MRI procedures in the first year of service per day of operation per week, building to an annual minimum of 420 procedures per day of operation per week by the second year of service, and building to a minimum of 480 procedures per day of operation per week by the third year of service and for every year thereafter.

RESPONSE: Not applicable. MTI is not seeking a new non-Specialty mobile MRI service.

- c. An exception to the standard number of procedures may occur as new or improved technology and equipment or new diagnostic applications for MRI units are developed. An applicant must demonstrate that the proposed unit offers a unique and necessary technology for the provision of health care services in the Service Area.

RESPONSE: Not applicable. MTI is not seeking an exception.

- d. Mobile MRI units shall not be subject to the need standard in paragraph 1 b if fewer than 150 days of service per year are provided at a given location. However, the applicant must demonstrate that existing services in the applicant's Service Area are not adequate and/or that there are special circumstances that require these additional services.

RESPONSE: Not applicable. MTI is not proposing a mobile MRI unit.

- e. Hybrid MRI Units. The HSDA may evaluate a CON application for an MRI "hybrid" Unit (an MRI Unit that is combined/utilized with another medical equipment such as a megavoltage radiation therapy unit or a positron emission tomography unit) based on the primary purposes of the Unit.

RESPONSE: Not applicable. MTI is not proposing a hybrid MRI unit.

- 2. Access to MRI Units.** All applicants for any proposed new MRI Unit should document that the proposed location is accessible to approximately 95 percent of the Service Area's population. Applications that include non-Tennessee counties in their proposed Service Areas should provide evidence of the number of existing MRI units that service the non-Tennessee counties and the impact on MRI unit utilization in the non-Tennessee counties, including the specific location of those units located in the non-Tennessee counties, their utilization rates, and their capacity (if that data are available).

RESPONSE: MTI-Antioch is projected to meet this criterion. The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County. These zip codes include: 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs. The proposed location is accessible to approximately 95 percent of the Service

Area's population. No non-Tennessee counties are included. Please see the text following this section for narrative with calculations and exhibits.

3. **Economic Efficiencies.** All applicants for any proposed new MRI Unit should document that alternate shared services and lower cost technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

RESPONSE: MTI-Antioch provides lower cost technologies. The proposed MRI (and CT) unit will supplement these other technologies. At a cost of only \$475,989, MTI's proposed 1.5T GE MRI unit represents very affordable and high quality technology.

4. **Need Standard for non-Specialty MRI Units.**

A need likely exists for one additional non-Specialty MRI unit in a Service Area when the combined average utilization of existing MRI service providers is at or above 80% of the total capacity of 3600 procedures, or 2880 procedures, during the most recent twelve month period reflected in the provider medical equipment report maintained by the HSDA. The total capacity per MRI unit is based upon the following formula:

Stationary MRI Units: 1.20 procedures per hour x twelve hours per day x 5 days per week x 50 weeks per year = 3,600 procedures per year

Mobile MRI Units: Twelve (12) procedures per day x days per week in operation x 50 weeks per year. For each day of operation per week, the optimal efficiency is 480 procedures per year, or 80 percent of the total capacity of 600 procedures per year.

RESPONSE: MRI providers in Davidson County exceed this criterion. In 2017 there were 49 fixed MRI's in Davidson County. In 2017 the 48 fixed MRIs in Davidson County provided a total of 144,028 procedures, an average of 3,001 procedures per MRI, representing a 83.3% utilization rate. In 2017 there were 12 fixed MRIs in Rutherford County. The 12 fixed MRIs in Rutherford County provided a total of 32,245 procedures, which is an average of 2,783 procedures per MRI representing a 77.3% utilization rate. One MRI in 2017 did not report data and for that MRI the 2017 data was assumed to be consistent with 2016 data. One MRI was implemented in mid-September 2017 so annualized numbers are used for this MRI.

Need Standards for Specialty MRI Units.

RESPONSE: Not applicable. This project does not involve any Specialty MRI Units.

5. **Separate Inventories for Specialty MRI Units and non-Specialty MRI Units.** If data availability permits, Breast, Extremity, and Multi-position MRI Units shall not be counted in the inventory of non-Specialty fixed or mobile MRI Units, and an inventory for each category of Specialty MRI Unit shall be counted and maintained separately. None of the Specialty MRI Units may be replaced with non-Specialty MRI fixed or mobile MRI Units and a Certificate of Need granted for any of these Specialty MRI Units shall have included on its face a statement to that effect. A non-Specialty fixed or mobile MRI Unit for which a CON is granted for Specialty MRI Unit purpose use-only shall be counted in the specific Specialty MRI Unit inventory and shall also have stated on the face of its Certificate of Need that it may not be used for non-Specialty MRI purposes.

RESPONSE: Historical MRI utilization is provided in the text following this section, with calculations and exhibits.

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7. **Patient Safety and Quality of Care.** The applicant shall provide evidence that any proposed MRI Unit is safe and effective for its proposed use.

- a. The United States Food and Drug Administration (FDA) must certify the proposed MRI Unit for clinical use.

RESPONSE: Documentation of FDA approval for the GE 1.5T MRI unit is provided at **Attachments, Tab 10.**

- b. The applicant should demonstrate that the proposed MRI Procedures will be offered in a physical environment that conforms to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements.

RESPONSE: Documentation from the contractor confirming compliance with applicable codes and licensing regulations is provided at **Attachments, Tab 16.**

- c. The applicant should demonstrate how emergencies within the MRI Unit facility will be managed in conformity with accepted medical practice.

RESPONSE: Emergencies in outpatient imaging ODCs are extremely rare. As with MTI's existing ODC operations, physicians and technologists will be trained to handle emergency situations. A crash cart, stocked with appropriate emergency equipment and medications, will be maintained at all times. Hospital transfer agreements will be maintained with Saint Thomas Health, as shown in **Attachments, Tab 11.** Upon facility opening, additional hospital transfer agreements will be obtained.

- d. The applicant should establish protocols that assure that all MRI Procedures performed are medically necessary and will not unnecessarily duplicate other services.

RESPONSE: As a new imaging center, MTI-Antioch will implement policies in effect at other MTI imaging centers regarding medical necessity and medical appropriateness.

- e. An applicant proposing to acquire any MRI Unit or institute any MRI service, including Dedicated Breast and Extremity MRI Units, shall demonstrate that it meets or is prepared to meet the staffing recommendations and requirements set forth by the American College of Radiology, including staff education and training programs.

RESPONSE: MTI commits to establish and maintain accreditation following installation of the MRI machine, including staffing recommendations and requirements, and staff education and training programs.

- f. All applicants shall commit to obtain accreditation from the Joint Commission, the American College of Radiology, or a comparable accreditation authority for MRI within two years following operation of the proposed MRI Unit.

RESPONSE: MTI-Antioch commits to full accreditation by the American College of Radiology within two years, and shall be maintained continuously thereafter.

- g. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with its physician medical director must specify that said physician be an active member of the subject transfer agreement hospital medical staff.

⁴⁹
RESPONSE: Emergencies in outpatient imaging ODCs are extremely rare. As with MTI's existing ODC operations, physicians and technologists will be trained to handle emergency situations. A crash cart, stocked with appropriate emergency equipment and medications, will be maintained at all times. Hospital transfer agreements will be maintained with Saint Thomas Health, as shown in **Attachments, Tab 11**. Upon facility opening, additional hospital transfer agreements will be obtained. Radiologist CVs are provided at **Attachment Tab 12**. The medical director will be an active member of the subject transfer agreement hospital medical staff.

8. The applicant should provide assurances that it will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

RESPONSE: The applicant will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

9. In light of Rule 0720-11.01, which lists the factors concerning need on which an application may be evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

- a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration;

Response: This project does not qualify for special consideration under this criterion.

- b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

Response: This project does not qualify for special consideration under this criterion.

- c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

Response: This project qualifies for special consideration under this criterion. The applicant contracts with four TennCare MCOs and participates in the Medicare program.

- d. Who is proposing to use the MRI unit for patients that typically require longer preparation and scanning times (e.g., pediatric, special needs, sedated, and contrast agent use patients). The applicant shall provide in its application information supporting the additional time required per scan and the impact on the need standard.

Response: This project does not qualify for special consideration under this criterion.

Background

Later this year, Saint Thomas Health plans to open a new primary care center in a newly constructed medical office building at 3754 Murfreesboro Pike in Antioch, Tennessee (Davidson County). The Saint Thomas Medical Partners - Antioch Care Center and the proposed MTI-Antioch imaging service within this location were selected to deliver patient care closer to where patients live. The proposed service area is a high growth area in southeast metropolitan Nashville (Davidson County). This area has lower annual incomes and is an populated, but underserved area. Traffic in and around the service area is a growing concern, causing access issues to providers outside the service area.

Saint Thomas Medical Partners - Antioch Care Center will offer a number of important health services to the community including:

- Primary Care
- Physical Therapy
- Laboratory Services
- ExpressCare, a Walk-in and Same-Day Appointment Clinic
- Extended Hours, including evenings and Saturdays

To support these providers and their patients, as well as other physicians and residents of the community, MTI will provide imaging services for Saint Thomas Medical Partners - Antioch Care Center, including CON-exempt x-ray, mammography and ultrasound services. MTI is proposing to develop a new ODC which will provide onsite MRI and CT services.

A total of 3,078 rentable square feet will be devoted to the MTI-Antioch imaging center within the Saint Thomas Medical Partners - Antioch Care Center. MTI estimates the total cost for this project to be \$3,558,788.

MTI's Nearest Existing Imaging Services

The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County. MTI has imaging centers that surround the intended service area, but none of the existing centers are close enough to be convenient for the patient population in the service area given the congestive traffic conditions in and around the service area, especially during peak times. MTI's closest imaging center is in Smyrna, which is 7.3 miles away. Other MTI imaging centers in the surrounding area include MTI's Hermitage center which is 12.2 miles away from the new center, MTI's Mt. Juliet center which is 11.3 miles away from the new center, and MTI's Lennox Village Center which is 9.2 miles away from the new center location. Additionally, the Lennox Village Center does not offer MRI or CT imaging services.

MTI-Antioch Service Area Imaging Patients

Based on existing referral patterns to MTI facilities in the greater Nashville area, the service area for the proposed MTI-Antioch ODC is three zip codes in Davidson County and Rutherford County, which are: 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs. Please see **Attachments, Tab 9** for a map of the zip codes and **Attachments, Tab 13** for a map of the service area counties.

Within these three zip codes, MTI already served the following numbers of imaging patient procedures in 2017:

- MRI – 3,646
- CT – 2,910
- X-Ray – 7,287
- Mammography – 2,594

MTI-Antioch patients will be generated from the redirection of existing MTI patients within the existing MTI network of facilities. Rather than traveling longer distances to other locations, patients from the proximate zip codes within Davidson County and Rutherford County are expected and encouraged to receive the full range of imaging services from this new location in Antioch.

Service Area Population Growth

MTI-Antioch's service area has an estimated 2017 population of 156,481. From 2017 to 2022, the overall service area will grow by approximately 13,484 residents, an 8.6 percent growth rate, reaching 169,965 total residents. Please see the following analysis.

Projected 2017-2022 Total Population Growth

ZIP Code	City	Total Population		Growth
		2017	2022	
37013	Antioch	89,154	97,573	9.4%
37086	La Vergne	34,704	37,606	8.4%
37217	Nashboro Village/Smith Springs	32,623	34,786	6.6%
	TOTAL	156,481	169,965	8.6%

Source: ESRI

The adult population (25 years of age and older) in the service area is growing at a similar rate to the total population. Although MTI offers imaging services to all age groups, more imaging is offered to the adult population.

Projected 2017-2022 Age 25+ Population

ZIP Code	City	Age 25+ Population		Growth
		2017	2022	
37013	Antioch	57,237	61,959	8.2%
37086	La Vergne	21,559	23,579	9.4%
37217	Nashboro Village/Smith Springs	21,433	22,576	5.3%
	TOTAL	100,221	108,114	7.9%

Source: ESRI

These tables will be used to project observed patient volumes of MTI facilities in the greater Nashville area for the MTI-Antioch site. For Certificate of Need purposes, current year population is 2018 and the Horizon Year for this proposed project is 2022. Data for these years are presented elsewhere in this CON application, and under **Attachments, Tab 14, Population Table for Section B, Need, D(1)(b).**

MTI-Antioch Utilization Projections

MTI-Antioch projects, based on conservative assumptions, that its volumes will meet HDSA's volume guidelines for new MRI units. The following exhibit profiles MTI-Antioch's historical and projected volume assumptions based on population growth alone:

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MTI Imaging Centers: MRI Procedures by Patient Zip Code, 2017-2022

		Actual	Pop.	Projected
ZIP Code	City	CY2017	Growth	CY2022
37013	Antioch	1,895	9.4%	2,073
37086	La Vergne	1,093	8.4%	1,185
37217	Nashboro Village/Smith Springs	658	6.6%	701
	TOTAL	3,646		3,959

Sources: 2017 MTI records; 2022 projections incorporate ESRI zip-level total (all ages) population growth

The preceding table shows actual MRI procedures performed by MTI imaging centers on patients from these three service area zip codes. The Projected 2022 procedures are derived through population growth forecasted for each zip code for the total population (all ages).

Through population projections for the service area and internal MTI redirection rates, MTI-Antioch will be able to achieve the following volumes for 2019-2022 (project Years 1-4, respectively):

MTI-Antioch MRI Procedure Projections **May 30, 2018**

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Service Area	Base 2017	Interim 2018	Year 1 (2019)	Year 2 (2020)	Year 3 (2021)	Year 4 (2022)
MTI Procedures – with Svc Area Pop Growth	3,646	3,709	3,771	3,834	3,897	3,959
Internal Redirection Rate			68%	71%	75%	78%
TOTAL, MTI-Antioch			2,552	2,735	2,917	3,099

Note: MTI annual procedures are interpolated from preceding table

MTI-Antioch achieves its MRI procedures from:

- existing MTI patient referral patterns,
- patient redirections from existing MTI imaging centers to this more convenient site, and
- service area population growth using the growth rates from the total population (all ages).

MTI-Antioch does not rely upon the following additional factors:

- redirecting patients from other area imaging providers, or
- increased referrals from providers at the
- performing studies on patients who reside outside the three zip service area.

In fact, MTI-Antioch's Calendar Year 2022 MRI procedure projection is still 860 procedures less (15 percent less) than what all MTI facilities served from the three zip codes in 2017.

Area MRI Provider Utilization Projections

Since MTI-Antioch is projected to serve fewer MRI patients than MTI facilities served in 2017, it cannot have an adverse impact on other service area MRI providers. In fact, service area population growth is sufficient for existing and underutilized MRI providers to achieve higher volumes as well.

Historical Utilization: Existing MRI Providers in Service Area

Provider	Units	CY 2015	CY 2016	CY 2017	Growth	2017 Capacity
The Pain Management Group, P.C.	1	1,878	3,680	3,370	79%	6.4%
TOTAL	1	1,878	3,680	3,370	79%	6.4%

Source: Medical Equipment Registry: www.tn.gov; Notes: Fixed MRI capacity = 3,600 procedures. For mobile units, capacity = 600 procedures, or 1/6.

The MRI providers within the three zip code service area operated at 93.6% percent of effective capacity in 2017, the most recent reporting year.

The MRI volumes for the proposed project is based on the redirection of existing utilization at other MTI imaging centers to MTI-Antioch on the basis of improved access, better continuity of patient care and greater convenience for the patient. The service area population is projected to grow by 8.6 percent through 2022, and the adult (age 25+) population by 7.9 percent. Demand for the services of Davidson County and Rutherford County MRI providers has increased over the past three reporting years and can be expected to continue to increase over the next five years.

Davidson County and Rutherford County MRI providers has increased over the past three reporting years and can be expected to continue to increase over the next five years.

CT Need Methodology and Results

Background

There are no specific guidelines for CT services in the State Health Plan. However, the need for CT services at MTI-Antioch is very similar to the methodology presented for MRI services.

MTI-Antioch Utilization Projections

The following exhibit profiles MTI-Antioch's historical and projected volume assumptions based on population growth alone:

MTI Imaging Centers: CT Procedures by Patient Zip Code, 2017-2022

ZIP Code	City	Actual CY2017	Pop. Growth	Projected CY2022
37013	Antioch	1,528	9.4%	1,672
37086	La Vergne	781	8.4%	847
37217	Nashboro Village/Smith Springs	601	6.6%	640
	TOTAL	2,910	8.6%	3,159

Sources: 2017 MTI records; 2022 projections incorporate ESRI zip-level total (all ages) population growth

The preceding table shows actual CT procedures performed by MTI imaging centers on patients from these three service area zip codes. The Projected 2022 procedures are derived through population growth forecasted for each zip code for the total population (all ages).

Through population projections for the service area and internal MTI redirection rates, MTI-Antioch will be able to achieve the following volumes for 2019-2022 (project Years 1-4, respectively):

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MTI-Antioch CT Procedure Projections

Service Area	Base 2017	Interim 2018	Year 1 (2019)	Year 2 (2020)	Year 3 (2021)	Year 4 (2022)
MTI Procedures – with Svc Area Pop Growth	2,910	2,960	3,010	3,060	3,110	3,160
Internal Redirection Rate			68%	71%	75%	78%
TOTAL, MTI-Antioch			2,037	2,183	2,328	2,474

Note: MTI annual procedures are interpolated from preceding table

MTI-Antioch achieves its CT procedures from:

- existing MTI patient referral patterns,
- patient redirections from existing MTI imaging centers to this more convenient site, and
- service area population growth using the growth rates from the total population (all ages).

MTI-Antioch does not rely upon the following additional factors:

- redirecting patients from other area imaging providers
- Increased referrals from the Saint Thomas Medical Partners - Antioch Care Center
- Referrals from outside the three zip code service area.

In fact, MTI-Antioch's 2022 CT procedure projection is still 434 procedures less (15 percent less) than what all MTI facilities served from the three zip codes in the proposed service area in 2017.

Area MRI Provider Utilization Projections

Since MTI-Antioch is projected to serve fewer CT patients than MTI facilities served in 2017, it cannot have an adverse impact on other service area CT providers. In fact, service area population growth is sufficient for existing and underutilized CT providers to achieve higher volumes as well.

MTI-Antioch obtains its CT procedures from existing referral patterns and patient redirections from existing MTI imaging centers to this more convenient site. The impact of the proposed project on existing CT providers is minimal.

Historical Utilization: Existing CT Providers in Service Area

Provider	Units	CY 2014	CY 2015	CY 2016	Growth	2016 Capacity
The Pain Management Group	1	2,266	2,131	1,822	-20%	30%
TOTAL	1	2,266	2,131	1,822	-20%	30%

Source: Medical Equipment Registry: www.tn.gov; Capacity = 6,000 px per unit.

Based on the most recent year of data, there is one CT unit in the three zip code area. It is at the Pain Management Group, P.C., a physician office who only serves its own patients. In 2016, this CT unit accounted for 2,266 procedures. Using a typical industry capacity guideline of 6,000 procedures per unit, this CT scanner operated at 30% percent capacity.

MTI does not expect that its Antioch CT service will have an adverse impact on any existing unit.

The CT volumes for the proposed project is based on the redirection of existing utilization at other MTI imaging centers to MTI-Antioch on the basis of improved access, better continuity of patient care and greater convenience for the patient. The service area population is projected to grow by 8.6 percent through 2022, and the adult (age 25+) population by 7.9 percent. Demand for the services of Davidson

County CT providers has increased over the ⁵⁶past three reporting years and can be expected to continue to increase over the next five years.

MRI & CT Summary and Conclusions

In summary, MTI's proposal to develop an ODC and establish MRI and CT services at the MTI-Antioch site will have a positive impact on the delivery of high tech imaging services for the residents of Davidson County and Rutherford County and the three zip code service area. MTI's project will increase the availability of MRI and CT services as well as improve access to these services for existing MTI imaging patients. MTI will be able to achieve sufficient volumes to meet HDSA's guidelines by redirecting a portion of its existing patient population MTI-Antioch. In addition, strong population growth that has been projected for the service area will also result in no adverse impact on other providers.

CON-Exempt Imaging Services

Though exact calculations are not provided for CON-exempt x-ray, mammography and ultrasound services at the Saint Thomas Medical Partners - Antioch Care Center, the methodology used is similar to the approach taken for MRI and CT.

B. Describe the relationship of this project to the applicant facility's long-range development plans, if any, and how it relates to related previously approved projects of the applicant.

RESPONSE: MTI's long-range plan is to assure the availability in Middle Tennessee of cost-effective outpatient imaging services in patient-friendly, dedicated facilities. MTI believes that a network of such facilities operated and managed in a coordinated fashion will result in the optimum use of resources and will be a key component in future models of health care that contemplate broad provider integration. MTI works with Saint Thomas Health and the Saint Thomas medical group to provide patient care close to home and in a lower cost setting (compared to a hospital) when practical.

This project is also consistent with the Five Principles for Achieving Better Health as articulated in the State Health Plan.

1. **Healthy Lives.** This project will improve the health of Tennesseans by expanding access to MRI and CT services.
 2. **Access to Care.** This project will improve access to MRI and CT services in a high population growth area with increasing traffic problems.
 3. **Economic Efficiencies.** At a cost of only \$475,989, MTI's proposed 1.5T GE MRI unit represents very affordable and high quality technology. Similarly, MTI's 16-slice CT scanner is a very affordable \$205,000.
 4. **Quality of Care.** MTI's proposed 1.5T GE MRI unit and 16-slice GE CT unit represent very affordable and high quality technology.
 5. **Health Care Workforce.** Only six FTEs (four clinical) are needed to implement the project.
- C. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map for the Tennessee portion of the service area using the map on the following page, clearly marked to reflect the service area as it relates to meeting the requirements for CON criteria and standards that may apply to the project. Please include a discussion of the inclusion of counties in the border states, if applicable.

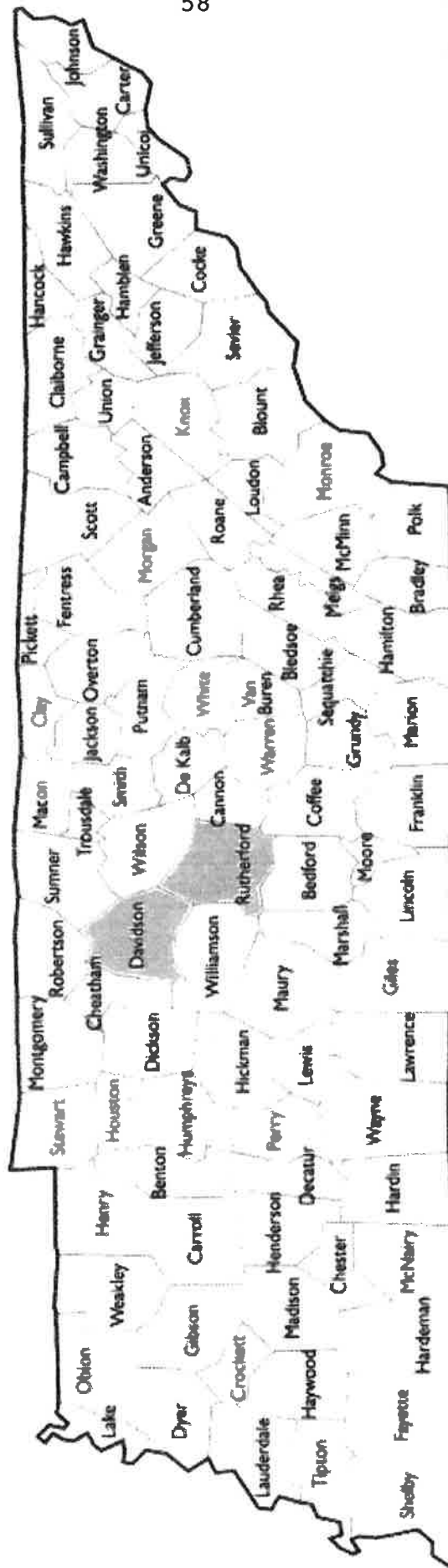
Please complete the following tables, if applicable:

Service Area Counties	Historical Utilization-County Residents	% of total procedures
County #1	Not Applicable	
County #2		
Etc.		
Total		100%

Service Area Counties	Projected Utilization-MRI and CT (Year 2)	% of total procedures
Davidson	3,512	71.4%
Rutherford	1,406	28.6%
Other	-	-
Total	4,918	100%

RESPONSE: MTI-Antioch's service area for this project is three zip codes in Davidson County. This area represents approximately 95 percent of MTI-Antioch's MRI and CT procedures. See the service area map in **Attachments, Tab 9 and Tab 13.**

Counties Containing Service Area



D. 1). a) Describe the demographics of the population to be served by the proposed.

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RESPONSE: MTI-Antioch's service area has an estimated 2017 population of 167,452. From 2017 to 2022, the overall service area will grow by approximately 14,527 residents, an 8.7 percent growth rate, reaching 181,979 total residents. Please see the following analysis.

Projected 2017-2022 Total Population Growth

ZIP Code	City	Total Population		Growth
		2017	2022	
37013	Antioch	89,154	97,573	9.4%
37086	La Vergne	34,704	37,606	8.4%
37217	Nashboro Village/Smith Springs	32,623	34,786	6.6%
	TOTAL	156,481	169,965	8.6%

Source: ESRI.

The adult population (25 years of age and older) in the service area is growing at a similar rate to the total population. Although MTI offers imaging services to all ages, more imaging is performed on the adult population.

Projected 2017-2022 Age 25+ Population

ZIP Code	City	Age 25+ Population		Growth
		2017	2022	
37013	Antioch	57,237	61,959	8.2%
37086	La Vergne	21,559	23,579	9.4%
37217	Nashboro Village/Smith Springs	21,433	22,576	5.3%
	TOTAL	100,221	108,114	7.9%

Source: ESRI.

These tables have been used to project observed patient volumes of MTI facilities in the greater Nashville area for the MTI-Antioch site. For Certificate of Need purposes, current year population is 2018 and the Horizon Year for this proposed project is 2022. Total Population and Age 25+ population data for these years are presented in **Attachments, Tab 14**, Population Table form for Section B, Need, D(1)(b).

b) Using current and projected population data from the Department of Health, the most recent enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area.

Projected Population Data: <http://www.tn.gov/health/article/statistics-population>

TennCare Enrollment Data: <http://www.tn.gov/tenncare/topic/enrollment-data>

Census Bureau Fact Finder: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Demographic Variable/Geographic Area	Total Population-Current Year	Total Population-Projected Year	Total Population-% Change	*Target Population-Current Year	*Target Population-Projected Year	*Target Population-% Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Person Below Poverty Level	Person Below Poverty Level as %	TennCare Enrollees	TennCare Enrollees as % of Total
County A													
County B, etc.													
Service Area Total													
State of TN Total													

* Target Population is population that project will primarily serve. For example, nursing home, home health agency, hospice agency projects typically primarily serve the Age 65+ population; projects for child and adolescent psychiatric services will serve the Population Ages 0-19. Projected Year is defined in select service-specific criteria and standards. If Projected Year is not defined, default should be four years from current year, e.g., if Current Year is 2016, then default Projected Year is 2020.

RESPONSE: Please see **Attachments, Tab 14** to view the completed table.

2) Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE: MTI provides services without regard to gender, race, socio-economic status, or ability to pay, and participates in the Medicare and TennCare programs. See **Attachments, Tab 15** for Financial Assistance and Non-Discrimination Policies of Saint Thomas Health.

E. Describe the existing and approved but⁶¹ unimplemented services of similar healthcare providers in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: Admissions or discharges, patient days, average length of stay, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc. This doesn't apply to projects that are solely relocating a service.

RESPONSE: See need section, above, for detailed MRI and CT utilization rates.

F. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three years and the projected annual utilization for each of the two years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE: The proposed project is for a new facility in Antioch, TN. Therefore, there are no historical utilization statistics for this facility. As described fully in the need section, above, MTI-Antioch is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County. By redirecting only a portion of these existing patients to MTI-Antioch, 2,552 MRI procedures are projected in Year 1 and 2,735 in Year 2. With a capacity of 3,600 procedures per MRI unit per year, this equates to 71% percent utilization ion Year 1 and 76% percent in Year 2.

By redirecting an even smaller portion of existing CT patients to MTI-Antioch, 2,037 CT procedures are projected in Year 1 and 2,183 in Year 2.

A. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

1. All projects should have a project cost of at least \$15,000 (the minimum CON Filing Fee). (See Application Instructions for Filing Fee)
2. The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.
3. The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.
4. Complete the Square Footage Chart on page 8 and provide the documentation. Please note the Total Construction Cost reported on line 5 of the Project Cost Chart should equal the Total Construction Cost reported on the Square Footage Chart.
5. For projects that include new construction, modification, and/or renovation—**documentation must be** provided from a licensed architect or construction professional that support the estimated construction costs. Provide a letter that includes the following:
 - a) A general description of the project;
 - b) An estimate of the cost to construct the project;
 - c) A description of the status of the site's suitability for the proposed project; and
 - d) Attesting the physical environment will conform to applicable federal standards, manufacturer's specifications and licensing agencies' requirements including the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities in current use by the licensing authority.

RESPONSE: Project costs include space lease costs with rate escalations for 3,078 rentable square feet over the initial 10-year term. The MRI and CT equipment will be purchased used, as opposed to new. The specific pieces of equipment will depend upon the available inventory after Agency approval. There are no service contract costs anticipated. Per MTI policy, all maintenance required will be funded through operations as needed.

Please see the vendor quotations for the equipment to be purchased in **Attachments, Tab 10**.

Please see **Attachments, Tab 16** for the attestation letter supporting the construction costs.

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PROJECT COST CHART

6270319104229

A. Construction and equipment acquired by purchase:		
1. Architectural and Engineering Fees	\$	<u>100,000.00</u>
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees		<u>100,000.00</u>
3. Acquisition of Site		<u>-</u>
4. Preparation of Site		<u>-</u>
5. Total Construction Costs		<u>395,711.99</u>
6. Contingency Fund		<u>-</u>
7. Fixed Equipment (Not included in Construction Contract)		<u>-</u>
8. Moveable Equipment (List all equipment over \$50,000 as separate attachments)		<u>1,134,589.45</u>
9. Other (Specify) <u>Furniture</u>		<u>50,000.00</u>
B. Acquisition by gift, donation, or lease:		
1. Facility (inclusive of building and land)		<u>1,310,475.63</u>
2. Building only		<u>-</u>
3. Land only		<u>-</u>
4. Equipment (Specify) <u>N/A.</u>		<u></u>
5. Other (Specify) <u>N/A.</u>		<u></u>
C. Financing Costs and Fees:		
1. Interim Financing		<u>44,507.54</u>
2. Underwriting Costs		<u>-</u>
3. Reserve for One Year's Debt Service		<u>403,157.81</u>
4. Other (Specify) <u>N/A.</u>		<u></u>
D. Estimated Project Cost (A+B+C)		<u>3,538,442.42</u>
E. CON Filing Fee		<u>20,346.04</u>
F. Total Estimated Project Cost (D+E)	TOTAL	<u>\$ 3,558,788.46</u>

B. Identify the funding sources for this project.

Check the applicable item(s) below and briefly summarize how the project will be financed. **(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment B, Economic Feasibility-2, Tab 17.)**

- ☒ 1. Commercial loan – Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- ☐ 2. Tax-exempt bonds – Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- ☐ 3. General obligation bonds – Copy of resolution from issuing authority or minutes from the appropriate meeting;
- ☐ 4. Grants – Notification of intent form for grant application or notice of grant award;
- ☐ 5. Cash Reserves – Appropriate documentation from Chief Financial Officer of the organization providing the funding for the project and audited financial statements of the organization; and/or
- ☒ 6. Other – Identify and document funding from all other sources.

C. Complete Historical Data Charts on the following two pages—Do not modify the Charts provided or submit Chart substitutions!

Historical Data Chart represents revenue and expense information for the last *three* (3) years for which complete data is available. Provide a Chart for the total facility and Chart just for the services being presented in the proposed project, if applicable. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

RESPONSE: Not applicable. MTI-Antioch is a new facility.

☐ Total Facility
☐ Project Only

HISTORICAL DATA CHART

Not Applicable – New Facility

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in _____ (Month).

	Year _____	Year _____	Year _____
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	_____	_____	_____
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) _____	_____	_____	_____
Gross Operating Revenue	\$ _____	\$ _____	\$ _____
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	_____	_____	_____
Total Deductions	\$ _____	\$ _____	\$ _____
NET OPERATING REVENUE	\$ _____	\$ _____	\$ _____
D. Operating Expenses			
1. Salaries and Wages			
a. Direct Patient Care	_____	_____	_____
b. Non-Patient Care	_____	_____	_____
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	_____	_____	_____
4. Rent			
a. Paid to Affiliates	_____	_____	_____
b. Paid to Non-Affiliates	_____	_____	_____
5. Management Fees:			
a. Paid to Affiliates	_____	_____	_____
b. Paid to Non-Affiliates	_____	_____	_____
6. Other Operating Expenses	_____	_____	_____
Total Operating Expenses	\$ _____	\$ _____	\$ _____
E. Earnings Before Interest, Taxes and Depreciation	\$ _____	\$ _____	\$ _____
F. Non-Operating Expenses			
1. Taxes	\$ _____	\$ _____	\$ _____
2. Depreciation	_____	_____	_____
3. Interest	_____	_____	_____
4. Other Non-Operating Expenses	_____	_____	_____
Total Non-Operating Expenses	\$ _____	\$ _____	\$ _____
NET INCOME (LOSS)	\$ _____	\$ _____	\$ _____

Chart Continues On to Next Page

NET INCOME (LOSS)	66	\$ _____	\$ _____	\$ _____
G. Other Deductions				
1. Annual Principal Debt Repayment		\$ _____	\$ _____	\$ _____
2. Annual Capital Expenditure		_____	_____	_____
Total Other Deductions		\$ _____	\$ _____	\$ _____
NET BALANCE		\$ _____	\$ _____	\$ _____
DEPRECIATION		\$ _____	\$ _____	\$ _____
FREE CASH FLOW (Net Balance + Depreciation)		\$ _____	\$ _____	\$ _____

- ☐ Total Facility
☐ Project Only

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES

	Year_____	Year_____	Year_____
1. <u>Professional Services Contract</u>	\$ _____	\$ _____	\$ _____
2. <u>Contract Labor</u>	_____	_____	_____
3. <u>Imaging Interpretation Fees</u>	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
Total Other Expenses	\$ _____	\$ _____	\$ _____

- D. Complete Projected Data Charts on the following two pages – Do not modify the Charts provided or submit Chart substitutions!

The Projected Data Chart requests information for the two years following the completion of the proposed services that apply to the project. Please complete two Projected Data Charts. One Projected Data Chart should reflect revenue and expense projections for the **Proposal Only** (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility). The second Chart should reflect information for the total facility. **Only complete one chart if it suffices.**

Note that "Management Fees to Affiliates" should include management fees paid by agreement to the parent company, another subsidiary of the parent company, or a third party with common ownership as the applicant entity. "Management Fees to Non-Affiliates" should include any management fees paid by agreement to third party entities not having common ownership with the applicant.

RESPONSE: Please refer to the completed charts on the following pages.

The Projected Data Chart reflects operations for the entire proposed imaging center.

Regarding the Fees to Affiliates (Line D.5.a), these represent the Management Fees paid to PhyData, LLC, under the Amended Administrative Services Agreement.

PhyData, LLC (in addition to the Administrative Services Agreement) also has a separate Billing Services Agreement with MTI. PhyData is paid 4.5% of Net Global Collections.

PhyData, LLC is the only Billing Service utilized. There is not a second, outsourced Collection Agency referenced. We realize the description may be somewhat misleading.

PROJECTED DATA CHART

☒ Total Facility
☐ Project Only

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

	Year <u>2019</u>	Year <u>2020</u>
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	<u>9,205 Scans</u>	<u>10,326 Scans</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ <u>-</u>	\$ <u>-</u>
2. Outpatient Services	<u>9,439,986</u>	<u>10,291,023</u>
3. Emergency Services	<u>-</u>	<u>-</u>
4. Other Operating Revenue (Specify) <u>N/A.</u>	<u>-</u>	<u>-</u>
Gross Operating Revenue	\$ <u>9,439,986</u>	\$ <u>10,291,023</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ <u>6,796,790</u>	\$ <u>7,409,536</u>
2. Provision for Charity Care	<u>56,640</u>	<u>61,746</u>
3. Provisions for Bad Debt	<u>264,320</u>	<u>288,149</u>
Total Deductions	\$ <u>7,117,750</u>	\$ <u>7,759,431</u>
NET OPERATING REVENUE	\$ <u>2,322,236</u>	\$ <u>2,531,592</u>
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	<u>384,000</u>	<u>395,520</u>
b. Non-Patient Care	<u>89,600</u>	<u>92,288</u>
2. Physician's Salaries and Wages	<u>-</u>	<u>-</u>
3. Supplies	<u>133,761</u>	<u>145,820</u>
4. Rent		
a. Paid to Affiliates	<u>123,757</u>	<u>125,313</u>
b. Paid to Non-Affiliates	<u>-</u>	<u>-</u>
5. Management Fees:		
a. Paid to Affiliates	<u>37,620</u>	<u>41,012</u>
b. Paid to Non-Affiliates	<u>-</u>	<u>-</u>
6. Other Operating Expenses	<u>1,076,382</u>	<u>1,172,434</u>
Total Operating Expenses	\$ <u>1,845,120</u>	\$ <u>1,972,387</u>
E. Earnings Before Interest, Taxes and Depreciation	\$ <u>477,116</u>	\$ <u>559,205</u>
F. Non-Operating Expenses		
1. Taxes	\$ <u>25,000</u>	\$ <u>30,000</u>
2. Depreciation	<u>383,632</u>	<u>283,632</u>
3. Interest	<u>81,715</u>	<u>65,269</u>
4. Other Non-Operating Expenses	<u>-</u>	<u>-</u>
Total Non-Operating Expenses	\$ <u>490,347</u>	\$ <u>378,901</u>
NET INCOME (LOSS)	\$ <u>(13,231)</u>	\$ <u>180,304</u>

Chart Continues Onto Next Page

NET INCOME (LOSS)	\$ (13,231)	\$ 180,304
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	\$ 321,443	\$ 337,888
2. Annual Capital Expenditure	-	-
Total Other Deductions	\$ 321,443	\$ 337,888
NET BALANCE	\$ (334,674)	\$ (157,584)
DEPRECIATION	\$ 383,632	\$ 283,632
FREE CASH FLOW (Net Balance + Depreciation)	\$ 48,958	\$ 126,048

☒ Total Facility

☐ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

<u>OTHER EXPENSES CATEGORIES</u>	<u>Year 2019</u>	<u>Year 2020</u>
1. <u>Professional Services Contract</u>	\$ 33,440	\$ 36,455
2. <u>Contract Labor</u>	-	-
3. <u>Imaging Interpretation Fees</u>	650,226	708,846
4. <u>Billing & Collection Fees</u>	104,501	113,922
5. <u>Repairs & Maintenance</u>	117,041	127,592
6. <u>Transportation/Meals & Entertainment</u>	8,360	9,114
7. <u>IT, Ins., Mkt, TeleCom & Other Expenses (i.e. Utilities)</u>	162,814	176,505
Total Other Expenses	\$ 1,076,382	\$ 1,172,434

PROJECTED DATA CHART

☐ Total Facility
☒ Project Only

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

	Year <u>2019</u>	Year <u>2020</u>
A. Utilization Data (Specify unit of measure, e.g., 1,000 patient days, 500 visits)	<u>2,552 Scans</u>	<u>2,735 Scans</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ <u>-</u>	\$ <u>-</u>
2. Outpatient Services	<u>5,340,319</u>	<u>5,721,770</u>
3. Emergency Services	<u>-</u>	<u>-</u>
4. Other Operating Revenue (Specify) <u>N/A.</u>	<u>-</u>	<u>-</u>
Gross Operating Revenue	\$ <u>5,340,319</u>	\$ <u>5,721,770</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ <u>3,845,030</u>	\$ <u>4,119,675</u>
2. Provision for Charity Care	<u>32,042</u>	<u>34,331</u>
3. Provisions for Bad Debt	<u>149,529</u>	<u>160,210</u>
Total Deductions	\$ <u>4,026,601</u>	\$ <u>4,314,216</u>
NET OPERATING REVENUE	\$ <u>1,313,718</u>	\$ <u>1,407,554</u>
D. Operating Expenses		
1. Salaries and Wages		
a. Direct Patient Care	<u>96,000</u>	<u>98,880</u>
b. Non-Patient Care	<u>44,800</u>	<u>46,144</u>
2. Physician's Salaries and Wages	<u>-</u>	<u>-</u>
3. Supplies	<u>75,670</u>	<u>81,075</u>
4. Rent		
a. Paid to Affiliates	<u>29,498</u>	<u>29,869</u>
b. Paid to Non-Affiliates	<u>-</u>	<u>-</u>
5. Management Fees:		
a. Paid to Affiliates	<u>21,282</u>	<u>22,802</u>
b. Paid to Non-Affiliates	<u>-</u>	<u>-</u>
6. Other Operating Expenses	<u>600,174</u>	<u>642,330</u>
Total Operating Expenses	\$ <u>867,424</u>	\$ <u>921,100</u>
E. Earnings Before Interest, Taxes and Depreciation	\$ <u>446,294</u>	\$ <u>486,454</u>
F. Non-Operating Expenses		
1. Taxes	\$ <u>15,000</u>	\$ <u>16,500</u>
2. Depreciation	<u>216,773</u>	<u>116,773</u>
3. Interest	<u>36,045</u>	<u>28,791</u>
4. Other Non-Operating Expenses	<u>-</u>	<u>-</u>
Total Non-Operating Expenses	\$ <u>267,818</u>	\$ <u>162,064</u>
NET INCOME (LOSS)	\$ <u>178,476</u>	\$ <u>324,390</u>

Chart Continues Onto Next Page

NET INCOME (LOSS)	\$ 178,476	\$ 324,390
G. Other Deductions		
1. Estimated Annual Principal Debt Repayment	\$ 141,792	\$ 149,046
2. Annual Capital Expenditure	-	-
Total Other Deductions	\$ 141,792	\$ 149,046
NET BALANCE	\$ 36,684	\$ 175,344
DEPRECIATION	\$ 216,773	\$ 116,773
FREE CASH FLOW (Net Balance + Depreciation)	\$ 253,457	\$ 292,117

☐ Total Facility

☒ Project Only

PROJECTED DATA CHART-OTHER EXPENSES

<u>OTHER EXPENSES CATEGORIES</u>	<u>Year 2019</u>	<u>Year 2020</u>
1. <u>Professional Services Contract</u>	\$ 18,918	\$ 20,269
2. <u>Contract Labor</u>	-	-
3. <u>Imaging Interpretation Fees</u>	367,841	394,116
4. <u>Billing & Collection Fees</u>	59,117	63,340
5. <u>Repairs & Maintenance</u>	66,211	70,941
6. <u>Transportation/Meals & Entertainment</u>	4,729	5,067
7. <u>IT, Ins., Mkt, TeleCom & Other Expenses (i.e. Utilities)</u>	83,358	88,597
Total Other Expenses	\$ 600,174	\$ 642,330

- E. 1) Please identify the project's average gross charge⁷², average deduction from operating revenue, and average net charge using information from the Projected Data Chart for Year 1 and Year 2 of the proposed project. Please complete the following table.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	N/A	N/A	\$1,026	\$997	-2.82%
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	N/A	N/A	\$773	\$751	-2.82%
Average Net Charge (<i>Net Operating Revenue/Utilization Data</i>)	N/A	N/A	\$252	\$245	-2.82%

2. Provide the proposed charges for the project and discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the project and the impact on existing patient charges.

RESPONSE: The charges for services in the proposed ODC facility will be the same as the current charges at MTI's other ODCs. There is no increase to charges due of the project. See Projected Data Chart for financial impact. Representative charges for the highest volume CPT codes at this facility are as follows:

CPT Code	Procedure Description	Charge	Medicare Reimbursement
70553	MRI Brain with and without contrast	\$2,933	\$353.22
72141	MRI Spine without contrast	\$1,888	\$210.54
72148	MRI Lumbar without contrast	\$1,888	\$210.54
73721	MRI Lower Extremity without contrast	\$2,008	\$221.75

3. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE: A comparison of the applicant's proposed charges with the Medicare allowable reimbursement is included in the table above.

For the most part, professional fees for MRI interpretation services by MTI's radiologists will be reimbursed by the applicant because most studies will be globally billed by MTI. In cases where it is required by law or contract that the professional services are billed separately, the radiologists will bill for their own services and MTI will bill for the technical component of the MRI study only. In cases where split billing is performed, the professional services agreement requires that the radiology group participate with all insurance plans that MTI accepts.

- F. 1) Discuss how projected utilization rates will be sufficient to support the financial performance. Indicate when the project's financial breakeven is expected and demonstrate the availability of sufficient cash flow until financial viability is achieved. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For all projects, provide financial information for the corporation, partnership, or principal parties that will be a source of funding for the project. Copies must be inserted at the end of the application, in the correct alphanumeric order and labeled as **Attachment Section B-Economic Feasibility-F1**. **NOTE: Publicly held entities only need to reference their SEC filings.**

RESPONSE: MTI's services proposed in this project are similar to MTI's highly utilized services in its other existing ODCs. As described fully in the need section, above, MTI-Antioch is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County, east of I-24. By redirecting only a portion of these existing patients to MTI-Antioch, 2,552 MRI procedures are projected in Year 1 and 2,735 in Year 2. With a capacity of 3,600 procedures per MRI unit per year, this equates to 71 percent utilization in Year 1 and 76 percent in Year 2.

By redirecting an even smaller portion of existing CT patients to MTI-Antioch, 2,037 CT procedures are projected in Year 1 and 2,183 in Year 2. With a capacity of 6,000 procedures per CT unit per year, this equates to 34 percent utilization in Year 1 and 36 percent in Year 2.

As indicated in the Projected Data Chart, projected utilization will be sufficient to continue to allow MTI to operate efficiently and effectively.

See also **Attachments, Tabs 18 and 18b** for 2016 Audited Financial Statements and 2017 internal financial statements.

2) Net Operating Margin Ratio – Demonstrates how much revenue is left over after all the variable or operating costs have been paid. The formula for this ratio is: (Earnings before interest, Taxes, and Depreciation/Net Operating Revenue).

Utilizing information from the Historical and Projected Data Charts please report the net operating margin ratio trends in the following table:

Year	2nd Year previous to Current Year	1st Year previous to Current Year	Current Year	Projected Year 1	Projected Year 2
Net Operating Margin Ratio	N/A	N/A	N/A	20.5%	22.1%

3. Capitalization Ratio (Long-term debt to capitalization) – Measures the proportion of debt financing in a business's permanent (Long-term) financing mix. This ratio best measures a business's true capital structure because it is not affected by short-term financing decisions. The formula for this ratio is: $(\text{Long-term debt} / (\text{Long-term debt} + \text{Total Equity (Net assets)})) \times 100$.

For the entity (applicant and/or parent company) that is funding the proposed project please provide the capitalization ratio using the most recent year available from the funding entity's audited balance sheet, if applicable. The Capitalization Ratios are not expected from outside the company lenders that provide funding.

RESPONSE: MTI's capitalization ratio is 17.38%.

- G. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid and medically indigent patients will be served by the project. Additionally, report the estimated gross operating revenue dollar amount and percentage of projected gross operating revenue anticipated by payor classification for the first year of the project by completing the table below.

Applicant's Projected Payor Mix, Year 1

Payor Source	Projected Gross Operating Revenue	As a % of total
Medicare/Medicare Managed Care	\$1,307,438	13.85%
TennCare/Medicaid	\$1,310,270	13.88%
Commercial/Other Managed Care	\$6,071,799	64.32%
Self-Pay	\$161,424	1.71%
Charity Care	\$56,640	0.6%
Other (Specify) <u>Champus & Other</u>	\$532,415	5.64%
Total	\$9,439,986	100.0%

- H. Provide the projected staffing for the project in Year 1 and compare to the current staffing for the most recent 12-month period, as appropriate. This can be reported using full-time equivalent (FTEs) positions for these positions. Additionally, please identify projected salary amounts by position classifications and compare the clinical staff salaries to prevailing wage patterns in the proposed service area as published by the Department of Labor & Workforce Development and/or other documented sources.

Position Classification	Existing FTEs (enter year)	Projected FTEs Year 1	Average Wage (Contractual Rate)	Area Wide/Statewide Average Wage
a) Direct Patient Care Positions				
<i>MRI Tech</i>	0.0	1.0	\$35.00/hr	\$24.79/hr
<i>CT Tech</i>	0.0	1.0	\$31.00/hr	\$24.79/hr
<i>Rad Tech</i>	0.0	2.0		\$24.79/hr
Total Direct Patient Care Positions	0.0	4.0		

b) Non-Patient Care Positions				
<i>Medical Asst/Front Desk</i>	0.0	2.0	\$16.00/hr	\$15.39/hr
<i>Position 2</i>				
<i>Position "etc."</i>				
Total Non-Patient Care Positions	0.0	2.0		
Total Employees (A+B)	0.0	6.0		
c) Contractual Staff	0.0	0.0		
Total Staff (A+B+C)	0.0	6.0		

I. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

- 1) Discuss the availability of less costly, more effective and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, justify why not, including reasons as to why they were rejected.

RESPONSE: MTI currently operates 15 fixed site diagnostic imaging center locations in the metro Nashville area. The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County, east of Interstate 24. As documented previously in this application, service area ODC providers of MRI and CT services have experienced rapid growth in utilization over the past three reporting years. Demand for ODC MRI and CT services is expected to continue to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

Furthermore, both the Saint Thomas Medical Partners - Antioch Care Center and MTI's Antioch site were selected to deliver patient care closer to where patients live. The Antioch area is in a high growth area southeast of Nashville and east of I-24. Traffic in and around the service area is a growing concern, causing access issues to existing providers.

At a cost of only \$475,989, MTI's proposed previously-owned 1.5T GE MRI unit represents very affordable and high quality technology. Similarly, at a cost of only \$205,000, MTI's proposed 16-slice GE CT unit also represents very affordable and high quality technology.

This project is necessary to improve access to quality and cost-effective outpatient imaging services.

- 2) Document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements.

RESPONSE: MTI-Antioch's leased space within the Saint Thomas Medical Partners - Antioch Care Center is designed to accommodate both an MRI unit and a CT unit, as well as other supporting imaging services.

SECTION B: CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**09:38 A.M.**

- A. List all existing health care providers (i.e., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, that may directly or indirectly apply to the project, such as, transfer agreements, contractual agreements for health services.

RESPONSE: MTI is the imaging partner of Saint Thomas Health and Saint Thomas Medical Partners. This healthcare system includes a continuum of hospital, physician and other healthcare resources. See also **Attachments, Tab 19** for a list of managed care contract participation by Saint Thomas Health and MTI.

- B. Describe the effects of competition and/or duplication of the proposal on the health care system, including the impact to consumers and existing providers in the service area. Discuss any instances of competition and/or duplication arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

1) Positive Effects

RESPONSE: MTI currently operates 15 fixed site diagnostic imaging center locations in the metro Nashville area. The proposed MTI-Antioch ODC is projected to serve MTI's existing patients from three zip codes in Davidson County and Rutherford County, east of Interstate 24. As documented previously in this application, service area ODC providers of MRI and CT services have experienced rapid growth in utilization over the past three reporting years. Demand for ODC MRI and CT services is expected to continue to grow as the service area population increases and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting.

Furthermore, both the Saint Thomas Medical Partners - Antioch Care Center and MTI's Antioch site were selected to deliver patient care closer to where patients live. The Antioch area is in a high growth area southeast of Nashville and east of I-24. Traffic between Antioch and downtown Nashville is a growing concern, causing access issues to existing providers.

At a cost of only \$475,989, MTI's proposed previously-owned 1.5T GE MRI unit represents very affordable and high quality technology. Similarly, at a cost of only \$205,000, MTI's proposed 16-slice GE CT unit also represents very affordable and high quality technology.

This project is necessary to improve access to quality and cost-effective outpatient imaging services.

2) Negative Effects

Response: Negative effects on patients and payors are expected to be minimal, if there are any at all. Population growth in the service area is expected to increase the utilization of existing MRI and CT providers in the service area. MTI will be able to achieve sufficient volumes to meet HDSA's guidelines by redirecting a portion of its existing patient population to MTI-Antioch.

- C. 1) Discuss the availability of and accessibility to human resources required by the proposal, including clinical leadership and adequate professional staff, as per the State of Tennessee licensing requirements and/or requirements of accrediting agencies, such as the Joint Commission and Commission on Accreditation of Rehabilitation Facilities.

RESPONSE: Staffing requirements are minimal, just 6.0 FTEs (4.0 clinical). A number of channels are utilized by MTI to recruit and maintain staffing, including in-house listings of available positions, advertisements in local and regional newspapers, advertisements in professional publications, and recruiting firms. MTI has a history of successfully recruiting professional and administrative staff. It provides competitive benefits, compensation, and is committed to the retention of existing personnel.

- 2) Verify that the applicant has reviewed and understands all licensing and/or certification as required by the State of Tennessee and/or accrediting agencies such as the Joint Commission for medical/clinical staff. These include, without limitation, regulations concerning clinical leadership, physician supervision, quality assurance policies and programs, utilization review policies and programs, record keeping, clinical staffing requirements, and staff education.

RESPONSE: MTI has reviewed and understands the licensure and certification requirements for medical and clinical staff for this facility. As an existing licensed and ACR-accredited provider, MTI has administrative policies and procedures in place to ensure that licensure and certification requirements are followed in this facility. Furthermore, MTI maintains quality standards that are focused on continual improvement.

- 3) Discuss the applicant's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

RESPONSE: The applicant is not currently involved in training programs, but is willing to consider this under the auspices of an appropriate educated institution.

- D. Identify the type of licensure and certification requirements applicable and verify the applicant has reviewed and understands them. Discuss any additional requirements, if applicable. Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Response: The applicant will pursue licensure, certification and accreditation from the following entities for MTI-Antioch, in the same fashion as other MTI imaging centers.

Licensure: **Tennessee Department of Health**

Certification Type (e.g. Medicare SNF, Medicare LTAC, etc.): **ODC**

Accreditation (i.e., Joint Commission, CARF, etc.): **American College of Radiology**

- 1) If an existing institution, describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility and accreditation designation.

RESPONSE: This proposed project is for a new facility. Other MTI facilities are in full compliance with all applicable licensure and accreditation requirements. **Attachment Tab 20** shows accreditation for all of its facilities.

- 2) For existing providers, please provide a copy of the most recent statement of deficiencies/plan of correction and document that all deficiencies/findings have been corrected by providing a letter from the appropriate agency.

RESPONSE: Not applicable. This is a new service facility.

- 3) Document and explain inspections within the last three survey cycles which have resulted in any of the following state, federal, or accrediting body actions: suspension of admissions, civil monetary penalties, notice of 23-day or 90-day termination proceedings from Medicare/Medicaid/TennCare, revocation/denial of accreditation, or other similar actions.

- 78
- a) Discuss what measures the applicant has or will put in place to avoid similar findings in the future.

Response: Not applicable, this is a new service facility.

E. Respond to all of the following and for such occurrences, identify, explain and provide documentation:

1) Has any of the following:

- a) Any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant);
- b) Any entity in which any person(s) or entity with more than 5% ownership (direct or indirect) in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%; and/or
- c) Any physician or other provider of health care, or administrator employed by any entity in which any person(s) or entity with more than 5% ownership in the applicant (to include any entity in the chain of ownership for applicant) has an ownership interest of more than 5%.

RESPONSE: There have been no state, federal, or accrediting body actions against MTI or any entity or person with more than 5% ownership.

2) Been subjected to any of the following:

- a) Final Order or Judgment in a state licensure action;
- b) Criminal fines in cases involving a Federal or State health care offense;
- c) Civil monetary penalties in cases involving a Federal or State health care offense;
- d) Administrative monetary penalties in cases involving a Federal or State health care offense;
- e) Agreement to pay civil or administrative monetary penalties to the federal government or any state in cases involving claims related to the provision of health care items and services; and/or
- f) Suspension or termination of participation in Medicare or Medicaid/TennCare programs.
- g) Is presently subject of/to an investigation, regulatory action, or party in any civil or criminal action of which you are aware.
- h) Is presently subject to a corporate integrity agreement.

RESPONSE: Neither MTI nor any entity or person with more than 5% ownership have been subject to any of the actions identified above.

F. Outstanding Projects:

- 1) Complete the following chart by entering information for each applicable outstanding CON by applicant or share common ownership; and

Outstanding Projects

CON Number	Project Name	Date Approved	*Annual Progress Report(s)		Expiration Date
			Due Date	Date Filed	
CN171-003	Premier Radiology – New Salem	4/26/2017	5/2018	To Be Completed.	3/2020
CN1706-020	St. Thomas Highlands Hospital	10/25/2017	11/2018	To Be Completed.	9/2020
CN1701-021	St. Thomas Rutherford Hospital	10/25/2017	11/2018	To Be Completed.	9/2020
CN1707-022	St. Thomas Surgery Center New Salem	10/25/2017	11/2018	To Be Completed.	9/2020
CN1803-014	Premier Radiology Gallatin	To be heard June 28, 2018	N/A.	To Be Completed.	N/A.

* Annual Progress Reports – HSDA Rules require that an Annual Progress Report (APR) be submitted each year. The APR is due annually until the Final Project Report (FPR) is submitted (FPR is due within 90 ninety days of the completion and/or implementation of the project). Brief progress status updates are requested as needed. The project remains outstanding until the FPR is received.

- 2) Provide a brief description of the current progress, and status of each applicable outstanding CON.

Response: CN171-003 Premier Radiology received final inspection for its licensure on May 16, 2018, and will be opening within a few days for business. CN1701-020, CN1701-021, and CN 1701-022 are in process, and will be finalized as soon as possible.

G. Equipment Registry – For the applicant and all entities in common ownership with the applicant.

- 1) Do you own, lease, operate, and/or contract with a mobile vendor for a Computed Tomography scanner (CT), Linear Accelerator, Magnetic Resonance Imaging (MRI), and/or Positron Emission Tomographer (PET)? Yes
- 2) If yes, have you submitted their registration to HSDA? If you have, what was the date of submission? Various
- 3) If yes, have you submitted your utilization to Health Services and Development Agency? If you have, what was the date of submission? Various

SECTION B: QUALITY MEASURES

Please verify that the applicant will report annually using forms prescribed by the Agency concerning continued need and appropriate quality measures as determined by the Agency pertaining to the certificate of need, if approved.

RESPONSE: Yes, MTI will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number, and type of procedures performed, and other data as required. Additionally, MTI submits a Joint Annual Report (JAR) to the Department of Health and will continue to do so.

MTI will maintain active licensure and accreditation status.

SECTION C: STATE HEALTH PLAN QUESTIONS

T.C.A. §68-11-1625 requires the Tennessee Department of Health's Division of Health Planning to develop and annually update the State Health Plan (found at <http://www.tn.gov/health/topic/health-planning>). The State Health Plan guides the State in the development of health care programs and policies and in the allocation of health care resources in the State, including the Certificate of Need program. The 5 Principles for Achieving Better Health are from the State Health Plan's framework and inform the Certificate of Need program and its standards and criteria.

Discuss how the proposed project will relate to the 5 Principles for Achieving Better Health found in the State Health Plan.

- A. The purpose of the State Health Plan is to improve the health of the people of Tennessee.

RESPONSE: Among the top 10 leading causes of death for Tennessee residents are cancer and accidents. Imaging services proposed by MTI will help in the treatment of these two leading causes of death plus the morbidity associated with orthopedic and other diseases.

- B. People in Tennessee should have access to health care and the conditions to achieve optimal health.

RESPONSE: Among the three criteria required to attain good access, as listed in the 2010 National Health Disparities Report, is, "getting access to sites of care where patients can receive needed services." The proposed MRI and CT services at MTI-Antioch are designed to, among other goals, increase patient accessibility both geographically (population growth and traffic) and financially (lower cost ODC deductibles and co-pays as opposed to HOPD).

- C. Health resources in Tennessee, including health care, should be developed to address the health of people in Tennessee while encouraging economic efficiencies.

RESPONSE: Recognizing the benefits of outpatient imaging centers such as MTI-Antioch, Saint Thomas Health is actively involved in 15 other similar joint ventures with MTI throughout the greater Nashville area.

This strategy remains vital today more than ever, in response to continued pressure from payors to contain healthcare costs. Saint Thomas Health formed one of the nation's first Accountable Care Organizations (ACOs), MissionPoint Health Partners, in August 2011. Its goal is to assist doctors, employers and patients to work more closely together to trim medical costs and make people healthier under insurance plans. The concept behind the physician-led program is to help stakeholders in a patient's care – including doctors, hospitals, pharmacies and payers – to get in sync at a time when insurers are pushing for better coordination of care and linking payment amounts to health outcomes. MissionPoint works closely with patients, both when they are well and when they are sick.

ODCs such as MTI-Antioch play an important role within the ACO care delivery model for containing costs, promoting quality and increasing accessibility. Freestanding imaging centers are reimbursed at lower rates compared to hospital-based facilities. This has a direct impact on patient deductibles and co-payments as well. Since Medicare rates often form a basis for third-party reimbursement, the impact of this differential on the service area population is even more widespread.

- D. People in Tennessee should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.

RESPONSE: As an existing licensed and accredited provider of quality patient services, without regard to patient gender, ethnicity, geographic location or socioeconomic status, Saint Thomas Health, Saint Thomas Medical Partners and MTI are equitable healthcare providers. This same level of commitment will continue with the proposed ODC expansion.

- E. The state should support the development, recruitment, and retention of a sufficient and quality health workforce.

RESPONSE: While “the state” appears to be the party charged with supporting the development, recruitment, and retention of a sufficient and quality health care workforce, MTI is an existing ODC provider with a history of successful staff recruitment and retention.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper that includes a copy of the publication as proof of the publication of the letter of intent.

NOTIFICATION REQUIREMENTS

(Applies only to Nonresidential Substitution-Based Treatment Centers for Opiate Addiction)

Note that T.C.A. §68-11-1607(c)(9)(A) states that "...Within ten (10) days of the filing of an application for a nonresidential substitution-based treatment center for opiate addiction with the agency, the applicant shall send a notice to the county mayor of the county in which the facility is proposed to be located, the state representative and senator representing the house district and senate district in which the facility is proposed to be located, and to the mayor of the municipality, if the facility is proposed to be located within the corporate boundaries of a municipality, by certified mail, return receipt requested, informing such officials that an application for a nonresidential substitution-based treatment center for opiate addiction has been filed with the agency by the applicant."

Failure to provide the notifications described above within the required statutory timeframe will result in the voiding of the CON application.

Please provide documentation of these notifications.

DEVELOPMENT SCHEDULE

T.C.A. §68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph*, please state below any request for an extended schedule and document the "good cause" for such an extension.

PROJECT COMPLETION FORECAST CHART

Assuming the Certificate of Need (CON) approval becomes the final HSDA action on the date listed in Item 1. below, indicate the number of days from the HSDA decision date to each phase of the completion forecast.

<u>Phase</u>	<u>Days Required</u>	<u>Anticipated Date [Month/Year]</u>
1. Initial HSDA decision date		August 2018
2. Architectural and engineering contract signed	20	September 2018
3. Construction documents approved by the Tennessee Department of Health	30	September 2018
4. Construction contract signed	30	September 2018
5. Building permit secured	60	October 2018
6. Site preparation completed	60	October 2018
7. Building construction commenced	90	November 2018
8. Construction 40% complete	120	December 2018
9. Construction 80% complete	150	January 2019
10. Construction 100% complete (approved for occupancy)	180	February 2019
11. *Issuance of License	210	March 2019
12. *Issuance of Service	210	March 2019
13. Final Architectural Certification of Payment	240	April 2019
14. Final Project Report Form submitted (Form HR0055)	270	April 2019

*For projects that **DO NOT** involve construction or renovation, complete Items 11 & 12 only.

NOTE: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date

AFFIDAVIT

STATE OF Tennessee
COUNTY OF Davidson

MARK GAW, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

 / CFO
SIGNATURE/TITLE

Sworn to and subscribed before me this 16th day of May, 2018 a Notary
(Month) (Year)

Public in and for the County/State of Robertson / Tennessee

Dana M. Meadows
NOTARY PUBLIC
2021
(Year)

My commission expires 8-29, 2021
(Month/Day) (Year)

TABLE OF CONTENTS

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- Tab 2 - Certificate of Corporate Existence
- Tab 3 - Organizational Chart
- Tab 4 - Ownership Identification, 5% or More
- Tab 5 - Management Agreement
- Tab 6 - Site Entitlement
- Tab 7 - Plot Plan
- Tab 8 - Floor Plan
- Tab 9 - Map of Service Area Access
- Tab 10 - Equipment Quotes

Attachment/Section B

- Tab 11 - Hospital Transfer Agreement
- Tab 12 - Radiologist CVs
- Tab 13 - Service Area Map
- Tab 14 - Population Table Form
- Tab 15 - Financial Assistance and Non-Discrimination Policies
- Tab 16 - Construction Costs Verification Letter
- Tab 17 - Verification of Funding
- Tab 18 - Audited Financial Statements
- Tab 19 - Managed Care Contracts
- Tab 20 - Accreditation
- Tab 21 - Facility License
- Tab 22 - Deficiencies/Inspection Report

Other Attachments

- Tab 23 - Copy of Published Public Notice
- Tab 24 - Letter of Intent

Attachment Section A

Tab 1, A-4, A: Articles of Organization

Tab 2, A-4, A: Certificate of Corporate Existence

Tab 3, A-4, B: Organizational Chart

Tab 4, A-4, B: Ownership Identification, 5% or More

Tab 5, A-5: Management Agreement

Tab 6, A-6, A: Site Entitlement

Tab 7, A-6, B1: Plot Plan

Tab 8, A-6, B2: Floor Plan

Tab 9, A-6, B3: Map of Service Area Access

Tab 10, A-13, 2B: Equipment Quotes

Tab 7

**Plot Plan
Attachment A-6, B1**

SITE CONSTRUCTION NOTES

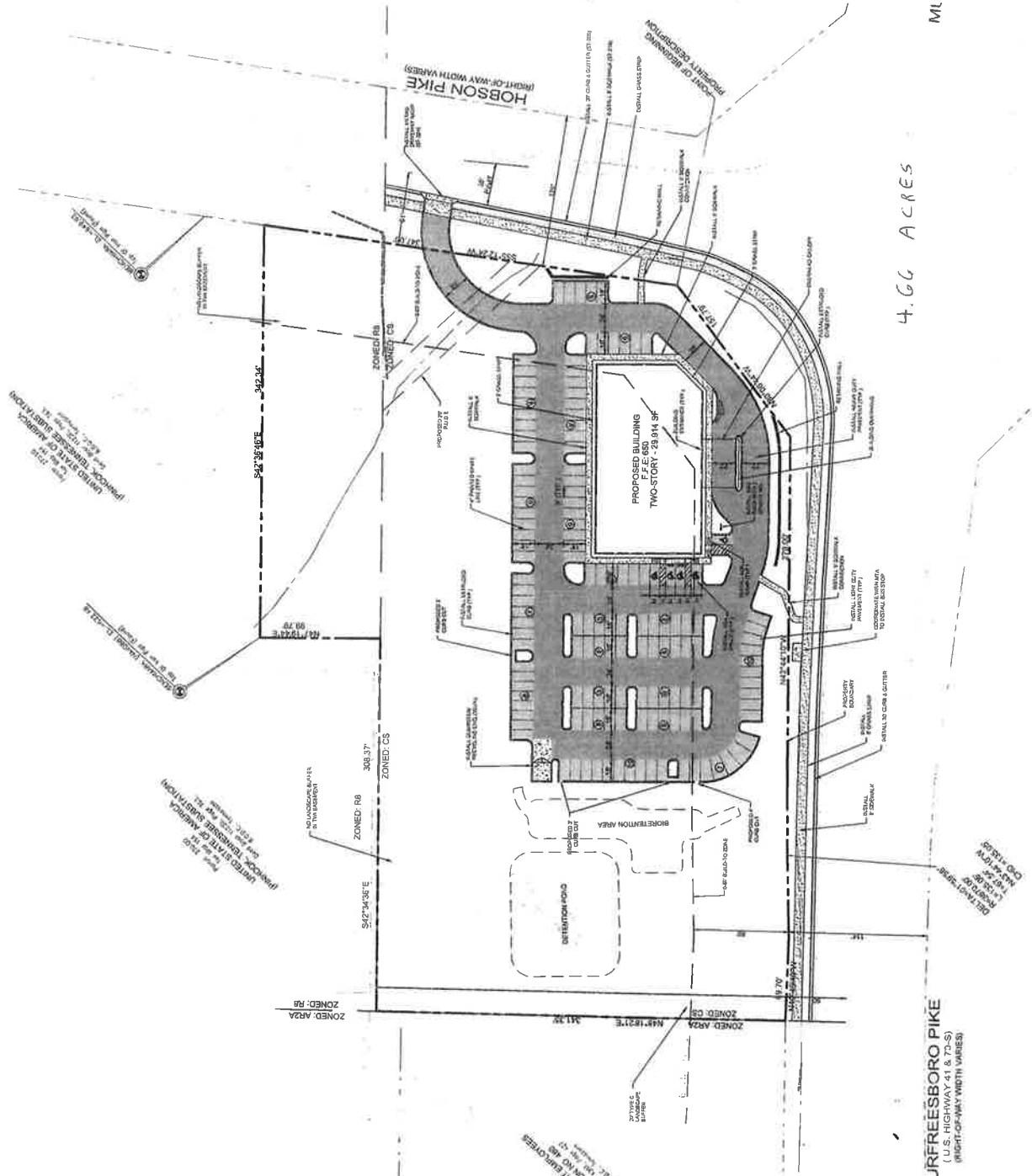
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PAVEMENT LEGEND:

- | | |
|---|-----------------------------|
|  | CONCRETE FINISHES |
|  | HEAVY DUTY ASPHALT PAVEMENT |
|  | CONCRETE SIDEWALK |
|  | LIGHT DUTY ASPHALT PAVEMENT |

PROJECT GENERAL NOTES:

1. THE CHAIRMAN SHALL VARY THE LOCATION OF ALL ENTERTAINED PARTIES IN THE IMMEDIACY OF THE COURT HOUSE AREA AND ENTERTAINED ANY OTHER GROUPS OF VISITORS TO THE COURTHOUSE.
2. CORPUS SHALL MOVE TO ACCOMMODATE VISITORS TO THE COURT HOUSE AREA AND SHALL BE RESPONSIBLE FOR THE PROTECTION OF VISITORS FROM THE PUBLIC AND TO OBTAIN ALL NECESSARY PERMITS TO ACCOMMODATE VISITORS TO THE COURT HOUSE AREA.
3. THE CHAIRMAN SHALL BE RESPONSIBLE FOR THE PROTECTION OF VISITORS FROM THE PUBLIC AND TO OBTAIN ALL NECESSARY PERMITS TO ACCOMMODATE VISITORS TO THE COURT HOUSE AREA.
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10. THE CHAIRMAN SHALL BE RESPONSIBLE FOR THE PROTECTION OF VISITORS FROM THE PUBLIC AND TO OBTAIN ALL NECESSARY PERMITS TO ACCOMMODATE VISITORS TO THE COURT HOUSE AREA.



4.66 Acres

mi

JURFREESBORO PIKE
(U.S. HIGHWAY 41 & 73-S)
(RIGHT-OF-WAY WIDTH VARIES)

Know what's below.
Call before you dig.

Call before you dig.
Now what's below.



General Information

Parcel ID:	16400025300
	View in AssessPro
	View Tax Record
Parcel Address:	3754 MURFREESBORO PIKE ANTIOCH, TN 37013
Owner:	ANTIOCH-MOSAIC INVESTORS,
Acquired Date:	4/13/2017
Sale Price:	\$ 393,790.00
Sale Instrument:	<u>DB-20170413 0036397</u>
Mailing Address:	2300 CURLEW RD STE 100 PALM HARBOR, FL 34683
Legal Description:	N/E CORNER MURFREESBORO F HOBSON PK
Acreage:	4.66
Frontage Dimension:	0
Side Dimension:	0
Parcel Instrument:	<u>DB-00008537 0000121</u>

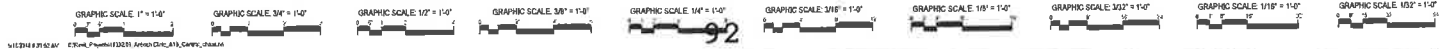
Ownership History

Property History

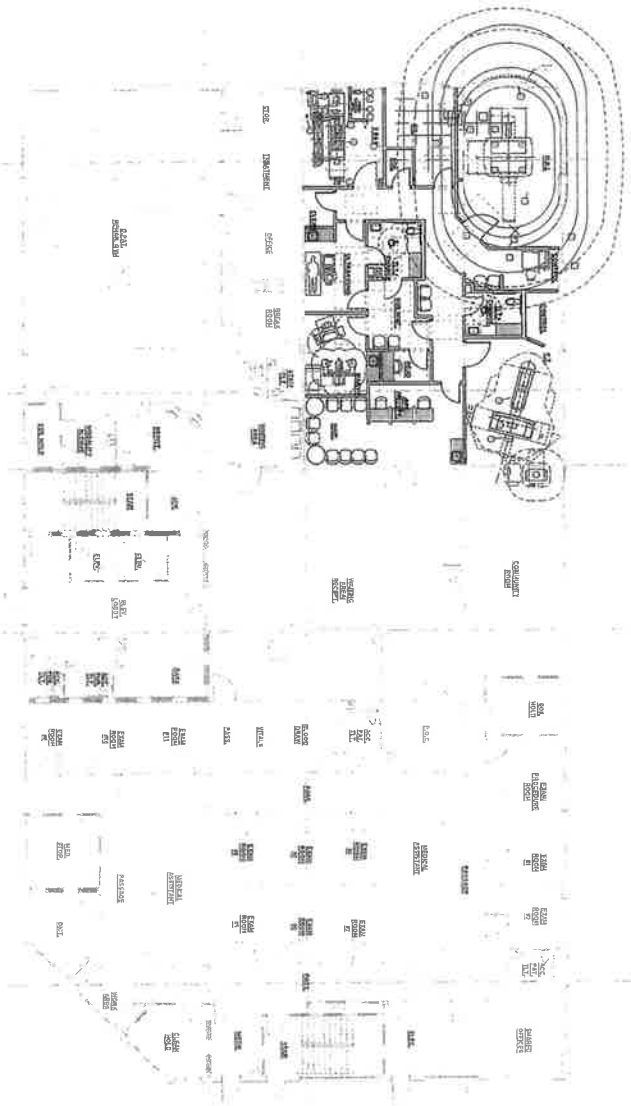
Zoning History

Tab 8

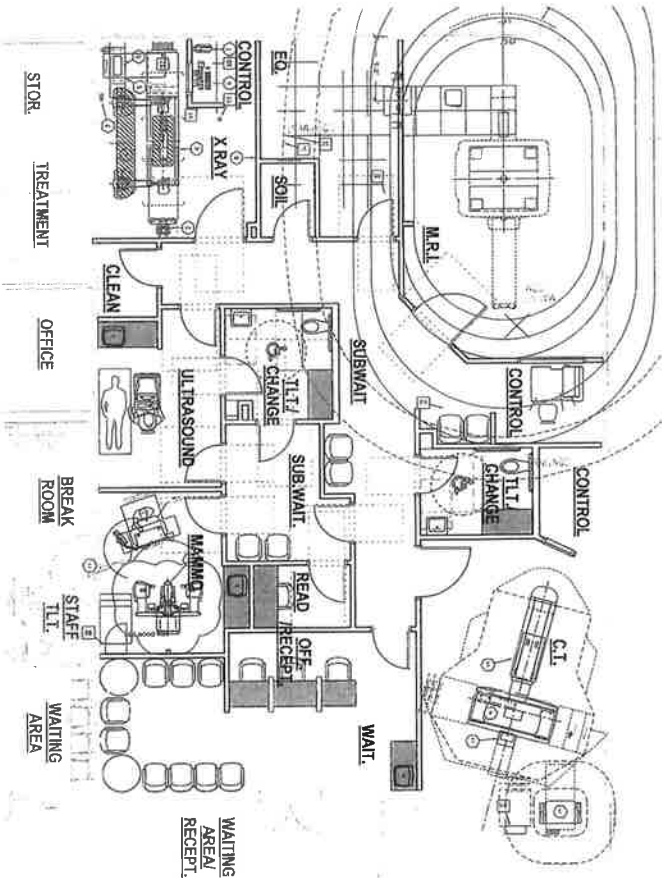
**Floor Plan
Attachment A-6, B2**



1 OVERALL - 1ST FLOOR PLAN
SCALE: 1/8" = 1'-0"
TOTAL S.F. 14,104 S.F.



2 ENLARGED 1ST FLOOR PLAN
SCALE: 1/8" = 1'-0"
TYPICAL BUILDING S.F. 2,345 S.F.



CON DOCUMENT
PREMIER RADIOLOGY SUITE

ANTIOCH, TN

[illegible]

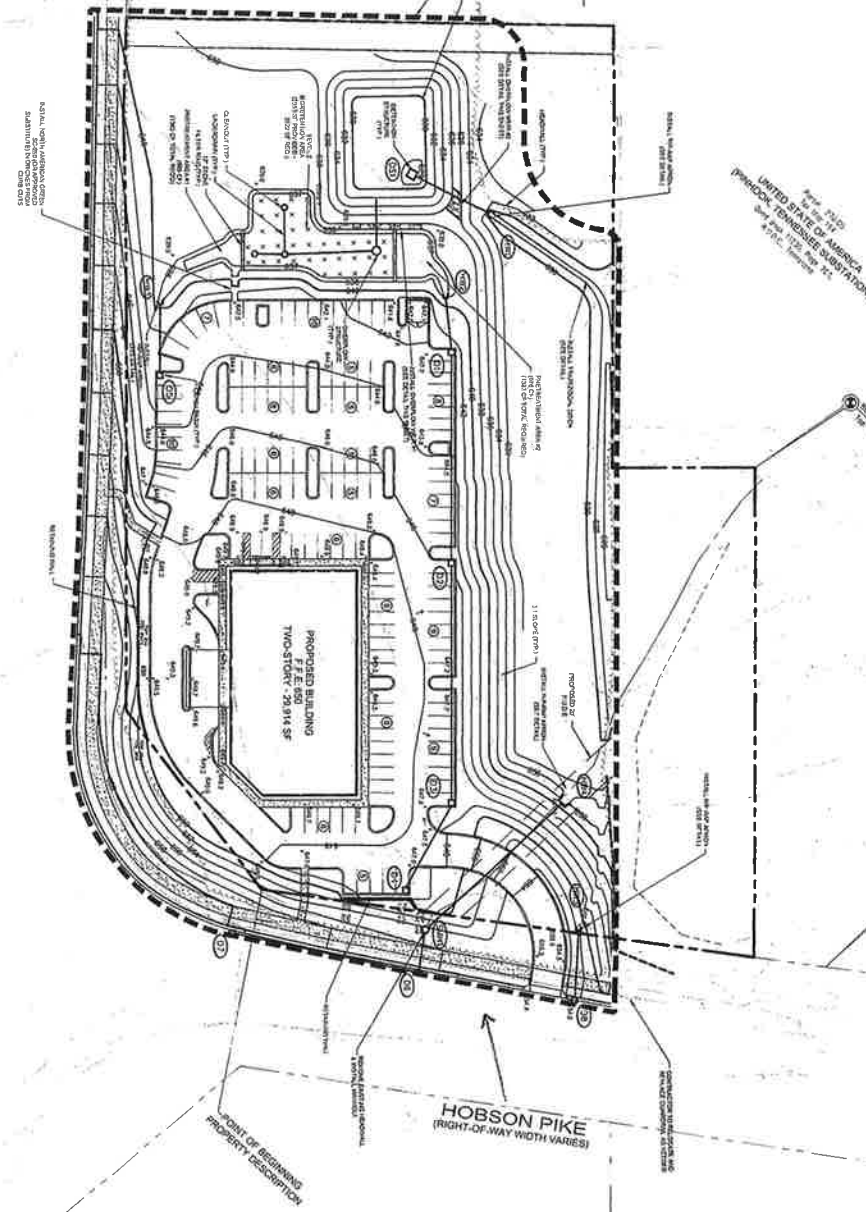
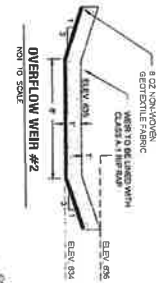
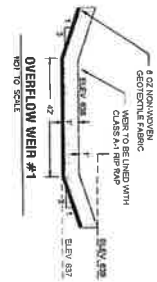
FIRST FLOOR PLAN

A1.01



ESA
Erl Investitions-Service, Inc.
Regionaler, aber europäischer
Dienstleister
1033 Deutscher Platz
Suite 202
Munich, Germany 5200
Erl-Service 1033
Erl-Service 1033

MURFREESBORO PIKE
(U.S. HIGHWAY 41 & 70.5)
(RIGHT-OF-WAY WIDTH VARIES)



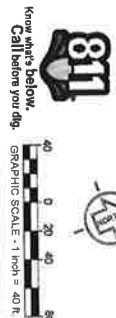
AS-BUILT NOTE
 AFTER CONSTRUCTION, THE PROPOSED BUILDING SHALL BE CONSTRUCTED TO THE FOLLOWING SPECIFICATIONS:
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GRADING AND DRAINAGE NOTES:

1. ALL SEWAGE AND EROSION CONTROL MEASURES, SUCH AS BUT NOT LIMITED TO, SHALL BE CONSTRUCTED TO THE FOLLOWING SPECIFICATIONS:
2. THE BUILDING SHALL BE CONSTRUCTED TO THE FOLLOWING SPECIFICATIONS:
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19. THE BUILDING SHALL BE CONSTRUCTED TO THE FOLLOWING SPECIFICATIONS:
20. THE BUILDING SHALL BE CONSTRUCTED TO THE FOLLOWING SPECIFICATIONS:

Station	Point	Elevation	Length	Area
0+00	START	100.00	100.00	100.00
0+10	10+00	100.00	100.00	100.00
0+20	20+00	100.00	100.00	100.00
0+30	30+00	100.00	100.00	100.00
0+40	40+00	100.00	100.00	100.00
0+50	50+00	100.00	100.00	100.00
0+60	60+00	100.00	100.00	100.00
0+70	70+00	100.00	100.00	100.00
0+80	80+00	100.00	100.00	100.00
0+90	90+00	100.00	100.00	100.00
1+00	END	100.00	100.00	100.00

Station	Point	Elevation	Length	Area
0+00	START	100.00	100.00	100.00
0+10	10+00	100.00	100.00	100.00
0+20	20+00	100.00	100.00	100.00
0+30	30+00	100.00	100.00	100.00
0+40	40+00	100.00	100.00	100.00
0+50	50+00	100.00	100.00	100.00
0+60	60+00	100.00	100.00	100.00
0+70	70+00	100.00	100.00	100.00
0+80	80+00	100.00	100.00	100.00
0+90	90+00	100.00	100.00	100.00
1+00	END	100.00	100.00	100.00



SITE GRADING & DRAINAGE PLAN
C3.0

May 30, 2018
09:38 A.M.

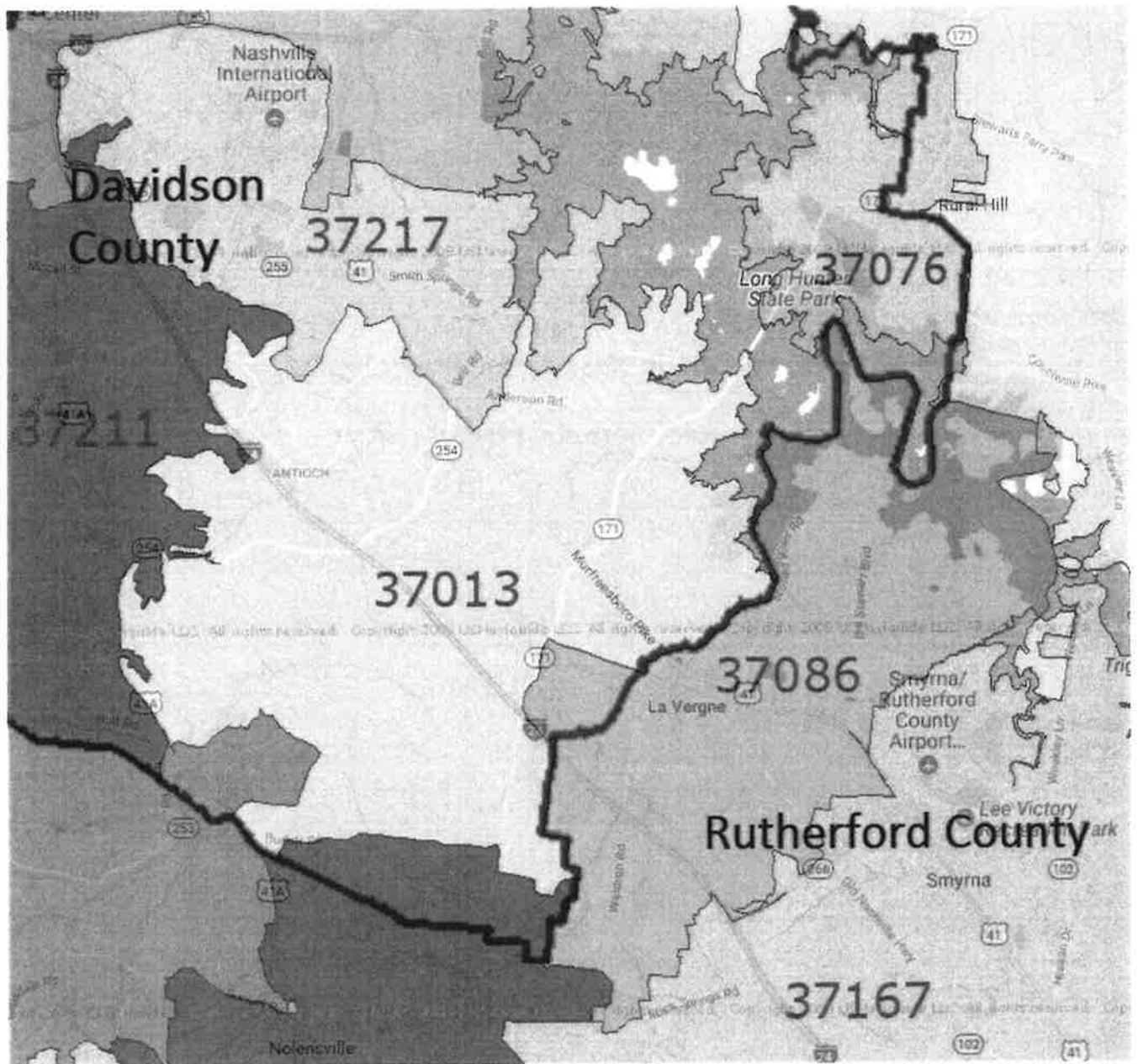
ST. THOMAS AMBULATORY CENTER
CONSTRUCTION PLANS
 BEING PARCEL 253.00 ON TAX MAP 164
 3754 MURFREESBORO PIKE
 ANTIOCH, DAVIDSON COUNTY, TENNESSEE



Tab 9

**Map of Service Area Access
Attachment A-6, B3**

Service Area by County and Zip Code



Service Area consists of three zip codes as shown in the map above:

- 37013 Antioch in Davidson County
- 37217 Nashboro Village/Smith Springs in Davidson County, and
- 37086 La Vergne in Rutherford County

Tab 12

**Section B
Need, A,
Magnetic Resonance Imaging, 7.g
Radiologist Curricula Vitae**

Daniel J. Wunder, M.D.



ADDRESS: 110 Meadowpointe East
Hendersonville, TN 37075-5917

E-MAIL ADDRESS: dwunder@comcast.net

TELEPHONE: Home (615) 822-0302 / Cell (615) 289-5280

BIRTHDATE: September 18, 1964

BIRTHPLACE: Wright-Patterson AFB, Fairborn, Ohio

EDUCATION:

High School	Mobridge High School Mobridge, South Dakota 57601
Undergraduate School	University of South Dakota 414 East Clark St. Vermillion, SD 57069 August 1982 - May 1986 Degree: B.S. - Chemistry, University Scholar
Medical School	University of South Dakota School of Medicine 414 East Clark St. Vermillion, SD 57069 August 1986 - May 1990 Degree: M.D.
Honors	Phi Eta Sigma, Phi Beta Kappa, University Scholar, Magna Cum Laude, Member of John Hopkins 1990 Medical Expedition to Nepal
Residency	Diagnostic Radiology University of Tennessee, Memphis 800 Madison Avenue Memphis, TN 38163 July 1990 - June 1994 Chief Resident 1993 - 1994
Fellowship	Vascular Interventional Radiology University of Tennessee, Memphis 800 Madison Avenue Memphis, TN 38163 July 1994 - June 1995

BOARD CERTIFICATION:

Diplomate NBME - July 1991
 Diplomate American Board of Radiology - June 1994
 CAQ In Interventional Radiology - November 1998, Jan 2007

MEDICAL LICENSES:

Tennessee [MD22132] - December 1991 - Present
 South Dakota [3832] - July 1994 - Present
 Kentucky [36677] - June 2000 - Present
 Alabama [SP.14] - October 2007-Present

SOCIETY MEMBERSHIPS:

Radiological Society of North America, 1990 - Present
 American Roentgen Ray Society, 1990 - Present
 A³CR², 1993 - 1994
 Society of Interventional Radiology, 1994 - Present
 American College of Radiology, 1998 - Present
 AMA Member 2006-Present
 AHA Radiology Council Member, 1998-2003
 Radiology Business Managers Association, 1998 - 2007
 Society of Radiologists In Ultrasound, 1999 -2004
 Tennessee Radiological Society, 1998 - Present
 CIRREF Contributor
 IR 2000 Contributor
 RSNA Research Contributor
 AAPC 2002 -2004

APPOINTMENTS:

Clinical Instructor of Radiology
 University of Tennessee, Memphis
 Department of Radiology
 July 1994 - June 1995

Visiting Professor of Radiology
 University of Tennessee, Memphis
 Department of Radiology
 July 1996 - December 1996

Standards of Practice Committee
 Society of Cardiovascular Interventional Radiology
 July 1996 - July 2002

Medical Director, Department of Radiology
 Methodist Healthcare - McNairy Hospital
 December 1, 1997 - November 1, 1999

Medical Director, Interventional Radiology Section
 Northcrest Medical Center-Springfield TN
 August 1, 2000 - March 30, 2002

Credentials Committee
 Skyline Medical Center
 Nashville, TN
 Aug 2001-March 2003, March 2005-Present

Endovascular Committee, Chairman
 Summit Medical Center
 May 2002-March 2004

Operating Room Committee
 Skyline Medical Center
 July 2002 - Present

Stroke Committee
 Skyline Medical Center
 May 2002-Present

NeuroScience Committee

Skyline Medical Center
 November 2006 - Present

ADI Executive Committee
 Secretary
 Managing Board ADI, NOL & Phydara
 Advanced Diagnostic Imaging PC
 January 31, 2002 - Present

Distal Protection Carotid Stent Trial
 Boston Scientific
 Co Investigator
 July 2002 - Jan 2004

Protocol Committee, Chair
 ADI
 July 1, 2002 - 2004

Education Director
 ADI
 July 1, 2002 - 2004

Department Chairman
 Skyline Medical Center
 Nashville, TN
 March 2003-2005
 Sept 2007-Present

Department Vice Chairman
 Skyline Medical Center
 Nashville, TN
 March 2005-Sept 2007

Hospital Liaison
 ADI
 Feb 15, 2007- Present

CURRENT PRACTICE:

Advanced Diagnostic Imaging, PC
3024 Business Park Circle
PO Box 249
Goodlettsville, TN 37072-3132
January 31, 2000 - Present

Previous Employment:

Advanced Radiology, LLP
367 Hospital Blvd
P.O. Box 3310
Jackson, TN 38303-0310
October 1, 1996 - December 31, 1999

Mitchell Radiology Associates, P.C.
2200 N. Kimball
Suite 950
P.O. Box 1332
Mitchell, SD 57301
July 1, 1995 - August 31, 1996

PUBLICATIONS:

"Measurements within the Diffusion Layer Using a Microelectrode Probe." Engstrom, R.C., Weber, M., Wunder, D.J. Anal Chem. 1986(54), 844-8.

"Quality Improvement Guidelines for Central Venous Access." Standards of Practice Committee. JVIR. 1997(8)3, 475-8.

"Quality Improvement Guidelines for Percutaneous Transhepatic Cholangiography and Biliary Drainage." Standards of Practice Committee. JVIR. 1997(8)4, 677-80.

"Quality Improvement Guidelines for Percutaneous Transcatheter Embolization." Standards of Practice Committee. JVIR. 1997(8)5, 889-94.

"Quality Improvement Guidelines for Percutaneous Management of the Thrombosed or Dysfunctional Dialysis Access." Standards of Practice Committee. JVIR. 1998(10)4, 491-8.

Interventional Radiology Coding Reference - 2003-2004 Edition. David Zielske, MD, Daniel J Wunder, MD, Ruth E. Broek, MBA

ABSTRACTS PRESENTED:

Evaluation of Various Knee Prostheses in an Orthopaedic Practice. Presented to the American Association of Bone and Joint Surgeons by H. Phil Gross, MD, spring 1988.

Carotid Injury - Evaluation with arteriography. Spectrum of Findings. Poster Board Presentation at RSNA 1995. Selected for future publication in Radiographics.

Selective High-Dose Intraarterial Cisplatin Infusion for Treatment of Stage III and IV SCCA Tumors of the Head and Neck with Concomitant Radiation Therapy. Presented at SCVIR, March 1996 by Pamela Flick, MD.

Preliminary and Clinical Evaluation of a Percutaneous Stainless Steel Greenfield Filter. Presented at SCVIR, March 1996 by K.J. Cho.

PRESENTATIONS:

- 1) CPT Coding Workshop, Presentation Health System, Feb 13, 1996, Mitchell, SD
- 2) Vascular Interventional Radiology, South Dakota State Radiologic Technologist Convention, May 4, 1996, Mitchell, SD.
- 3) ZHealth Coding Workshop, 2001 and 2002
- 4) Endovascular Repair of Abdominal Aortic Aneurysms - Grand Rounds, Skyline Medical Center March 2003
- 5) Radiofrequency Ablation of Liver Tumors - Grand Rounds, Skyline Medical Center August 19, 2003
- 6) Stereotactic breast biopsy - Skyline Medical Center Fall 2003
- 7) ABC's of Medical Imaging-Hendersonville Medical Center Spring 2004
- 8) Anatomy relevant to acute Stroke, Skyline Medical Center Fall 2005
- 9) TIPS, Skyline Medical Center Tenn Soc Gastrointestinal Nurses Assoc Sept 2006
- 10) CTA for the cardiologist Skyline Medical Center Jan 25, 2007
- 11) EVAR- Current status. TN Surgical Technologists and Assistants, Nashville, TN March 2, 2007
- 12) Anatomy relevant to acute Stroke, Skyline Medical Center, Nov 27, 2007
- 13) Stereotactic breast biopsy - Skyline Medical Center Madison Campus Fall 2007

RESEARCH:

Phase III Iodixanol Contrast Study, VAMC Memphis, TN, 1992.

Clinical Trials: Stainless Steel Over the Wire Greenfield Filter, Univ. of TN, Memphis, 1995.

Co Investigator Boston Scientific Distal Protection Carotid Stent Trial, Nashville TN 2002-2004

INTERESTS:

Flyfishing, hunting, landscaping, volleyball, rafting, tinkering and construction

REFERENCES:

James King, MD, ADI 3024 Business Park Circle, Goodlettsville, TN 37072

Mike Friday, MD, ADI 3024 Business Park Circle, Goodlettsville, TN 37072

Lee Lancaster, MD Suite 400 Skyline MOB, Nashville TN 37207

MEETINGS/CME:

RSNA, November 1989, Chicago, IL.
 RSNA, November 1991, Chicago, IL. (12.25 Category 1 hours)
 Radiology: Musculoskeletal and Abdominal MRI, Feb. 23-24, 1991, Memphis, TN.
 Radiology: Mammography Update, Feb. 29 - Mar 1, 1992, Memphis, TN.
 AFIP: July 7 - August 14, 1992, Washington, DC.
 Neuro & Musculoskeletal MRI, Jan 10-15, 1993, Kona, Hawaii. (22.3 Category 1 hours)
 Radiology: Update In CT & Nuclear Cardiology, Feb. 20-21, 1993, Memphis, TN.
 Acuson Imaging Seminar, April 14, 1993, Memphis, TN (5.25 Category 1 hours)
 13th Annual San Diego Radiology Review Course, April 18-23, 1993, San Diego, CA. (41 Category 1 hours)
 Spring Interventional Radiology Course, April 24, 1993, San Diego, CA. (8 Category 1 hours)
 American University Radiologists - A³CR², May 19-23, 1993, Cincinnati, OH.
 RSNA, November 1993, Chicago, IL.
 Musculoskeletal MRI, Jan. 12-14, 1994, Naples, FL. (19.5 Category 1 hours)
 American University Radiologists - A³CR², May 4-7, 1994, Boston, MA. (19.5 Category 1 hours)
 Memphis Radiology Meeting, May 27-30, 1994, Memphis, TN. (14.50 Category 1 hours)
 Interventional Vascular Radiology Course, Nov. 18-19, 1995, Toronto, Ontario, Canada.
 Society of Cardiovascular & Interventional Radiology, March 25-30, 1995, Ft. Lauderdale, FL. (37 Category 1 hours)
 Society of Cardiovascular & Interventional Radiology, March 2-7, 1996, Seattle, WA. (35.5 Category 1 hours)
 Mid South Symposium on Vascular Disease, April 26-27, 1996, Memphis, TN. (10.75 Category 1 hours)
 Breast Imaging CME Video Program, April 16, 1996, Western Pennsylvania Hospital. (17 Category 1 hours)
 SCVIR Syllabus Series, Oct. 1996 - Jan. 1997. (70 Category 1 hours)
 ACR Managed Care Symposium, April 5-6, 1997, Chicago, IL. (8.5 Category 1 hours)
 1997 General Risk Management Seminar, April 23, 1997 Jackson, TN (2 Category 1 hours)
 Factors Affecting Thrombolysis, Discovery International, September 10, 1997. (2 Category 1 hours)
 9th Annual Conference on Advanced Peripheral Techniques, September 17-20, 1997. (21 Category 1 hours)
 New Developments in Vasc. Diseases, Vol 1, #1, Chicago Pritzker SOM, September 22, 1997. (3 Category 1 hours)
 Thrombolysis & PTA as Combination Therapy for Chronic Iliac Occlusion, Annenberg Center, October 10, 1997 (1 Category 1 hour)
 Thrombolysis of Venous Catheters, Discovery International, December 8, 1997 (2 Category 1 hours)
 1994 Duke Radiology Summer Postgraduate Course (video course viewed 1997) (20 Category 1 hours (2 of Mammography))
 Cardiac Arrest Resuscitation Exercise, February 20, 1998 (8 Category 1 hours)
 1998 General Risk Management Seminar, April 22, 1998 (2 Category 1 hours)
 Local Cerebral Thrombolysis, Med Educational Resources Inc., June 26-28, 1998 (17.5 Category 1 hours)
 MRI 1999, Harvard Medical School, February 15 - 19, 1999 (25 Category 1 hours)
 1999 General Risk Management Seminar, April 28, 1999 (2 Category 1 hours)
 New Developments in Central Venous Access, May 19, 1999 (3 Category 1 hours)
 Comprehensive Breast Imaging CME Video Program, July 28, 1999 Western Pennsylvania Hospital (25 Category 1 hours)
 Contemporary Diagnostic Radiology, August 25, 1999 Pennsylvania Hospital (3 Category 1 hours)
 Contemporary Diagnostic Radiology, October 8, 1999 Pennsylvania Hospital (3 Category 1 hours)
 Soc. Radiologists in US - 9th Annual Meeting, October 8-10, 1999 Chicago, IL (20.5 Category 1 hours)
 Contemporary Diagnostic Radiology, December 10, 1999 Pennsylvania Hospital (3 Category 1 hours)
 Contemporary Diagnostic Radiology, January 12, 2000 Pennsylvania Hospital (3 Category 1 hours)
 HIV Disease, February 28, 2000, Western Baptist Hospital, (2 Category 1 hours)
 Next Generation Thrombolytics, Feb 29, 2000, Institute of CHE, Philadelphia (1 Category 1 hour)
 Peripheral Arterial Occlusion, March 9 2000, U of Pittsburgh, (1 Category 1 hour)
 Contemporary Diagnostic Radiology, March 31, 2000 Pennsylvania Hospital (3 Category 1 hours-2mammo,1US)
 Contemporary Diagnostic Radiology, May 2, 2000 Pennsylvania Hospital (3 Category 1 hours)
 New Directions Pharmacologic Management of PVOD, May 12, 2000, Institute of CHE, Philadelphia (1 Category 1 hour)
 New Pharmacologic Therapies in Treatment of PVD, May 2000, Institute of CHE, Philadelphia, (0.5 Category 1 hour)
 Contemporary Diagnostic Radiology, June 28, 2000 Pennsylvania Hospital (3 Category 1 hours)
 SCVIR Syllabus Series (Thoracic, Visceral & GU Interventions), June 2000. (20 Category 1 hours)
 Contemporary Diagnostic Radiology, July 21, 2000 Pennsylvania Hospital (3 Category 1 hours)
 Contemporary Diagnostic Radiology, Aug 11, 2000 Pennsylvania Hospital (3 Category 1 hours)
 Summit Tumor Conference Aug 12, 2000 AMA (1 Category 1 hour)
 Hands On Carotid Stent Meeting, Sept 7-10, 2000 Johns Hopkins (16.5 Category 1 hours)
 Summit Tumor Conference Sept 27, 2000, AMA (1 Category 1 hour)
 Risk Management Pointers, Oct 3, 2000 Pennsylvania Med Society (6 Category 1 hours)
 SCVIR Syllabus Series Noninvasive Vasc Imaging, Oct 2000. (20 Category 1 hours)
 Contemporary Diagnostic Radiology, Oct 27, 2000 Pennsylvania Hospital (3 Category 1 hours)
 SCVIR Catheter Directed Thrombolysis and Cath Clearance, Oct 2000, (1 Category 1 hour)
 Contemporary Diagnostic Radiology, Nov 15, 2000 Pennsylvania Hospital (3 Category 1 hours)
 Contemporary Diagnostic Radiology, Dec 22, 2000 Pennsylvania Hospital (3 Category 1 hours)
 SCVIR Cybersession Antiplatelet Therapy, Nov 2000 (1.5 Category 1 hours)
 2001 Radiology Coding Alert: CCI Edits, CPT, ICD-9, HCPCS and RVU's (1 hour CEU credit)
 SCVIR Cybersession Coding and Billing, Jan 2001 (4.5 Category 1 hours)
 Medlearn 2001 Interventional Coding Meeting, Jan 18-19, 2001 (16 CEU Credits)
 SCVIR Annual Meeting Mar 3-7, 2001 (19.5 Category 1 hours)
 Right Ventricular Dysfunction ACR CME, Mar 8, 2001 (2 Category 1 hours)
 Baptist Stereotactic Breast Biopsy, April 20, 2001 Nashville (6 Category 1 hours)

ACR Knowledge Challenge, June 2, 2001 Hip Dysplasia (2 Category 1 hours)
 ACR Knowledge Challenge, July 30, 2001 Pet imaging (2 Category 1 hours)
 ACR Knowledge Challenge, Sept 28, 2001 Malpractice issues (2 Category 1 hours)
 Optimize Pay-Up for Facet Joint Injections and RF, Nov. 5, 2001 The Coding Institute (1CEU Credit)
 Use of TPA in Catheter Malfunction, Nov. 11, 2001, Postgraduate Institute of Med. (1 Category 1 Credit)
 New Developments in Vascular Diseases, Nov. 11, 2001, Univ of Chicago (4 Category 1 Credits)
 Ultrasound Quarterly Volume 17, #2 June 6, 2001 Lippincott, Williams & Wilkins (4 Category 1 Credits-US)
 New Pharm Txt for PVD, Center for HCE, Oct 18, 2001, (1.6 Category 1 hours)
 RSNA hours, Chicago, IL, Nov 28, 2001, (3.5 Category 1 hours)
 Considerations of Multidetector Scanners in CTA, Postgrad. Institute Med, Oct. 24, 2001 (1 Category 1 hour)
 Risk Management Rounds, Version 1.5, SVMIC, Oct 26, 2001 (5 Category 1 hours)
 AneuRx Stent Graft Course, Dec 10-11, 2001 Texas Heart Institute (no CME)
 Use of TPA for catheter malfunction, Dec 5, 2001, Postgraduate Institute Med (1 Category 1 hour)
 Contemporary Diagnostic Radiology, Dec 2001 Pennsylvania Hospital (31 Category 1 hours- 2 In Mammo, 5 In US, 3 In MR)
 New Era of Thrombolytics: State of Art Strategies, Jan 2002, SCVIR Syllabus (1Category 1 hour)
 RBMA Coding Seminar Series, Jan 2002, Las Vegas (7 CEU hours)
 New Developments in Vasc Dz Vol 2 #1, Jan 7, 2002, Univ Chicago, (4 Category 1 hours)
 Renal Preservation Strategies for High Risk Pts, Jan 7, 2002, Univ Chicago, (4 Category 1 hours)
 Ultrasound Quarterly Vol 17, #3, Dec 13, 2001, (5 Category 1 hours)
 New Developments in Vascular Diseases, Vol 2, #1, Feb 5, 2002, Univ of Chicago (4 Category 1 hours)
 New Developments in Vascular Diseases, Vol 2, #2, Feb 5, 2002, Univ of Chicago (4 Category 1 hours)
 Intro to RF Thermal Ablation of Liver Lesion, Austin, TX, Feb 9, 2002, (8 Category 1 hours)
 SCVIR Cybersession Coding and Billing, Jan 2002 (6 Category 1 hours)
 ACR Knowledge Challenge, April 17, 2002 Left Ventricular Aneurysm (2 Category 1 hours)
 Contemporary Diagnostic Radiology, Mar 2002 Pennsylvania Hospital (9 Category 1 hours)
 Risk Management Essentials, June 28, 2002, Med Risk Inc, (5 Category 1 hours)
 Vascular Centers 2002, May 10-11, 2002, Soc. Interventional Radiology (11.75 Category 1 hours)
 Human Participant Protection Ed for Research Teams, July 2002, Cline-Med (2 Category 1 hours)
 ACR Knowledge Challenge, August 12, 2002 Anomalous Coronary Arteries (2 Category 1 hours)
 New Developments in Vascular Diseases, Vol 3, #1, August 20, 2002, Univ of Chicago (4 Category 1 hours)
 MR Spectroscopy, Diagnostic Imaging, CMP Healthcare Group, August 12, 2002, (1 Category 1 hour)
 Breast Imaging, USCF Interactive Series, September 8, 2002 (25 Category 1 hours)
 Differentiating factors of Thrombolytics, Safety Profile, Sept 11, 2002 (1.5 Category 1 hours)
 Multislice CT imaging of carotid stenosis, Oct 18, 2002 (1 Category 1 hour)
 Contemporary Diagnostic Radiology, July-Sept 2002 Pennsylvania Hospital (9 Category 1 hours)
 Acute Stroke Imaging, HCA CME, Sept 24, 2002 (1 Category 1 hour)
 Speech Recognition, Diagnostic Imaging, CMP Healthcare Group, Nov 11, 2002 (1 Category 1 hour)
 CAD-Breast Imaging, Diagnostic imaging, CMP Healthcare Group, Nov 17, 2002 (1 Category 1 hour)
 Uterine Fibroid Embolization, HCA CME, Nov 24, 2002 (1 Category 1 hour)
 Thrombolytic Therapy: Re Emergence as Standard, Univ of Wisconsin, Jan. 6, 2003 (1.5 CEUs)
 Risk management essentials for physicians part 2, May 30, 2003, Medrisk, Inc, (5 category 1 hours)
 Contemporary Diagnostic Radiology, June 30, 2003, Pennsylvania Hospital (7.5 Category 1 hours)
 Clearing the Way: Reperfusion with Thrombolytics, Univ of Wisconsin, July 2, 2003, (1 Category 1 hour)
 BLS Certification, Skyline Medical Center, Sept 8, 2003, (No Category 1 hours)
 ACLS Certification Skyline Medical Center, Sept 13, 2003, (5.1 Category 1 hours)
 Adding PET to your practice: Business and Clinical Issues, Diagnostic Imaging, CMP Healthcare Group, Sept 14, 2003, (1 Category 1 hour)
 Comparative Analysis of Outcomes and Costs of Fibrinolytic agents for PVD, Johns Hopkins SOM, Nov 7, 2003, (2 Category 1 hours)
 Contemporary Diagnostic Radiology, August 1, 2003, Pennsylvania Hospital (7.5 Category 1 hours)

Curriculum Vitae

Robert Stanley Burcham, MD

General Information:

Born: Corinth, Mississippi
 Birthdate: 14 September 1968
 Married: Wife, Rebecca

Education:

High School: Corinth High School, Corinth, MS, 1987

Undergraduate: Mississippi State University, Starkville, MS 1987-1992
 Bachelor of Science, Aerospace Engineering
 Minor, Mathematics
 Cooperative Education Program

Post-Baccalaureate: Georgia State University, Atlanta, GA, 1994-1996
 Non-degree, Post Baccalaureate Studies

Medical School: Medical College of Georgia, Augusta, GA, 1996-2000
 Doctor of Medicine

Post-Graduate Training:

Internship: Internal Medicine
 Medical College of Georgia, Augusta, GA
 July 2000-June 2001

Residency: Diagnostic Radiology,
 Vanderbilt University Medical Center, Nashville, TN
 June 2001-July 2005

Board Certification:

American Board of Radiology: June 2005

Licensure:

Licensed Doctor of Medicine in Tennessee, Mississippi

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Aerospace Engineering Experience:**Co-operative Engineer, January 1989 - May 1990****Martin Marietta Manned Space Systems, New Orleans, LA**

- Participated in development of unmanned spacecraft including acoustic & dynamic loads analysis, thermal analysis, and static stress analysis
- Developed FORTRAN program to perform buckling analysis of skin/stringer panels
- Adapted Space Shuttle External Tank structural algorithms to aid evaluation of advanced space vehicle design

Aerospace Engineer, May 1992 - March 1996**Lockheed Aeronautical Systems Company, Marietta, GA**

- Performed structural analysis of F-22 graphite-honeycomb composite horizontal & vertical stabilizers
- Developed & analyzed fleet-wide repairs for USAF C-5 fleet horizontal stabilizer, flap tracks, & engine pylons
- Provided computer support for military trainer aircraft proposal working across PC's, UNIX, & IBM Mainframe computer systems

Aerospace Engineer, March 1996 - August 1996; May 1997 - August 1997**Gulfstream Aerospace, Savannah, GA**

- Performed structural analysis, developed repairs, and provided analysis for FAA certification of G-5 business jet
- Performed static and acoustic analysis of graphite-honeycomb composite rudder and static analysis of metallic main wing drag beam

Aerospace Engineer, March 2000 - May 2000**The Aerostructures Corporation, Nashville, TN**

- Performed structural analysis of V-22 graphite-honeycomb composite and metallic empennage

Research Experience:**Engineering Research Center, Mississippi State University, January 1991 - July 1991**

- Helped develop software to generate 3-D grids about geometrically complex objects
- Produced grids used for finite-difference solutions to Navier-Stokes equations

Raspet Flight Research Laboratory, Mississippi State University, May 1991 - May 1992

- Analyzed graphite-epoxy fuselage test structure using finite-element methods
- Fabricated test specimens and experimentally obtained composite material properties
- Conducted full-scale structural tests on graphite-epoxy fuselage

Research Experience (Cont'd):

•Correlated results from structural tests, finite-element model, & theoretical solutions

Radiologic Society of North America, Chicago, IL, December 2002

- Completed one-week Introduction to Research Program at RSNA annual meeting
- Focused on clinical and basic science research in diagnostic radiology

Presentations & Publications:

"Analysis & Testing of a Load-Carrying Window in a Fuselage Test Structure"

Paper presented at American Institute of Aeronautics and Astronautics Southeast Conference Meeting, Atlanta, GA, April, 1992

"Analysis & Testing of a Window and Window Frame in a Pressurized Graphite-Epoxy Sandwich Shell Fuselage Test Structure," McWhorter, JC, Moore, T, and Burcham, RS, Engineering & Industrial Research Station Report, Mississippi State University, 1992

"Left Atrial Appendage Imaging Using CT, MRI, and TEE with Radiologic Manifestation of Thrombus and its Clinical Relevance for Patients with Atrial Fibrillation", Burcham, RS, Datta, J, Arildsen, RA, et al. Radiologic Society of North America, Educational Exhibit, Chicago, IL, December 2002

Honors and Awards:

Four-year Academic Scholarship, Mississippi State University, 1987-1992

Sigma Gamma Tau, Aerospace Engineering Honor Society, MSU, 1992

Four-year Academic Scholarship, Medical College of Georgia, 1996-2000

Alpha Omega Alpha, Alpha Chapter of Georgia, 1999

Interests/Hobbies:

Hiking, Camping, Running, Cycling, and Kayaking

My Dogs (Pete, Sputnik, Dobie, and Ruby)

Music

Computers, especially Apple

Astronomy and mathematics

98 Governors Way
Brentwood, TN 37027

Phone (615) 776-3724
cicalend@hotmail.com

Chad L. Calendine, MD

Education	1994 to 1998	University of Tennessee	Memphis, TN
	Doctor of Medicine <ul style="list-style-type: none"> • Class Rank: 1 of 162 • Summa Cum Laude (GPA 4.0) • Faculty Medal Award • Alpha Omega Alpha Honors Society (Inducted 1997) 		
	1991 to 1994	Freed-Hardeman University	Henderson, TN
	Bachelor of Science in Biology <ul style="list-style-type: none"> • Summa Cum Laude (GPA 4.0) • Chancellor's Scholar Award • Alpha Chi Honors Society (Inducted 1993) 		
Internship	1998 to 1999	Methodist Hospital	Memphis, TN
	Transitional Internship <ul style="list-style-type: none"> • Clinical experience in emergency medicine, internal medicine, general surgery, pediatrics, gastroenterology, and infectious disease 		
Residency Training	1999 to 2003	Emory University Hospital	Atlanta, GA
	Diagnostic Radiology Residency <ul style="list-style-type: none"> • Chief Resident 2002-2003 • Roentgen Resident/Fellow Research Award 2003 • Graduate Medical Education Advisory Committee 2001-2002 • Outstanding Teaching Resident Award 2001 		
Fellowship Training	2003 to 2004	Emory University Hospital	Atlanta, GA
	Musculoskeletal Radiology Fellowship <ul style="list-style-type: none"> • Experience in MR Imaging, Sports Medicine, Neoplasms, Rheumatic Diseases, Metabolic Bone Diseases, Spinal Disorders, and Interventional Procedures 		
Board Certification	American Board of Radiology		June 2003
Current Position	Musculoskeletal Radiologist		
	2004 to Present	Advanced Diagnostic Imaging, PC	Nashville, TN
	2007 to Present	President	

Chad L. Calendine, MD

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Research

"Contrast media extravasation during CT: Evaluation of the use of the E-Z EM extravasation detection accessory." Research completed in June 2001 at Emory University Hospital with Paul D'Angelo, MD and William Torres, MD. Abstract presented at ARRS 2002.

"Need for traditional radiographic lumbar spine series following an abdomen/pelvis CT in trauma patients which revealed no spinal trauma." Research completed in June 2003 at Emory University Hospital with William Fajman, MD and Sohail Hanna, MD. Abstract presented ASER 2003.

"In vivo testing on the role of hydroxyurea on replication, latency, and the infectious cycle of Murine Herpes Virus - 68." Research completed in August 1997 at St. Jude's Children's Research Hospital under the direction of Peter Doherty, Ph.D. (Nobel Laureate).

Publications

"Need for traditional radiographic thoracic spine series following a chest CT in trauma patients which revealed no spinal trauma." Research completed in November 2001 at Emory University Hospital with William Fajman, MD, Sohail Hanna, MD, and Stephan Tigges, MD. Abstract presented at ASER 2002. Published in *Emergency Radiology* November 2002 Vol 9 Num 5: 254-256.

"Optic Pathway Gliomas and Neurofibromatosis-1." American College of Radiology, Revision of the Brain Neoplasia Section of the ACR Teaching File, 2002.

Interests and activities

Basketball, Golf, Target shooting, Fly fishing, Movies

References

Personal and professional references provided upon request.

Kevin Patrick Canneely, M.D.

1614 S. Martha Court
 Brentwood, TN 37027
 (615)-370-5145
 krcanneely@gmail.com

Education

2006-2007	University of Utah Hospital – Salt Lake City, Utah Musculoskeletal Fellowship, to be completed June 2007.
2002-2006	University of Utah Hospital – Salt Lake City, Utah Diagnostic Radiology Residency Chief Resident 2005-2006.
2001-2002	LDS Hospital – Salt Lake City, Utah Transitional Internship.
1997-2001	University of Texas Health Science Center at San Antonio M.D., May 2001.
1993-1996	University of Texas at Austin B.A., Biology.
State Licensure:	Utah, 2001-current Tennessee, 2007-Current Alabama, 2007-Current Kentucky, Arkansas, Georgia, Missouri; Pending
Board Certification:	American Board of Radiology, 6/2006.

Work Experience

2007-Present	Advanced Diagnostic Imaging-Nashville, Tennessee. Staff Radiologist. In addition to general diagnostic radiology, I interpret cross-sectional MSK, neuro and body imaging. Additional duties include musculoskeletal and spine interventions including; arthrography, myelography, epidural spine injections, facet injections and small joint injections for both diagnostic and therapeutic purposes.
2006-2007	University of Utah Hospital-Salt Lake City, Utah. Clinical Instructor, department of Radiology. Participated in the general call pool and served as the in-house staff radiologist approximately once a week. Responsibilities included supervision of 1-2 residents and interpretation of studies performed at the University of Utah hospital and outlying clinics, Huntsman Cancer hospital and the VA medical center.
2005-2007	Uinta Basin Medical Center-Roosevelt, Utah. Diagnostic Radiologist for one week every 3 months in a full service rural hospital. Duties included primary interpretation of all CT, MRI, Nuclear medicine, ultrasound, fluoroscopic and plain film studies.
2003-2006	Project Reality-Salt Lake City, Utah. Physician coordinator/supervisor of a methadone treatment program providing medical care to patients with opiate addiction.

Honors & Awards

- 2001 **Merck Manual Award-UT Health Science Center at San Antonio**
For outstanding performance in the clinical sciences during the third and fourth year of medical school.
- 1994 **Summer Research Grant**
Awarded by Department of Zoology, UT Austin.

Extracurricular

- Spring 2001 **Gross Anatomy TA/Tutor-UT Health Science Center at San Antonio**
- Spring 2001 **Medical Microbiology TA-UT Health Science Center at San Antonio**

Research

- 1993-1994 **Research Assistant, G.D. Bittner, PhD, University of Texas Department of Zoology.** Duties included micro dissection of Mauthner axons, development of electron micrographs, running and development of SDS-PAGE gels, and development of a protocol to isolate a unique region of a 235kD neurofilament in giant Mauthner axons.

Publications/Presentations

Cunneely K, Crim J. "High Incidence of Missed Diagnosis of a Common Ankle Fracture." Presented at the 92nd Annual RSNA Scientific Assembly and Annual meeting, November 27th 2006.

Godell CM, Raabe T, Mochlenbruck J, Cunneely K, and Bittner GD. "235 kD Neurofilament Protein in Survival of Anucleate Axons." *Transactions of the American Society for Neurochemistry*, March 1994, Vol. 25, No. 1. Abstract 162.

Professional Memberships

American College of Radiology, Radiologic Society of North America, Association Of University Radiologists, Roentgen Ray Society.

Curriculum Vitae

Enrique Romo Arevalos, MD

PERSONAL DATA

Date of Birth	03/09/1953 San Antonio, TX, USA
Marital Status	Married
Citizenship	USA
Residence	5205 Heathrow Hills Drive Brentwood, TN 37027
Primary Office	Advanced Diagnostic Imaging, PC 3024 Business Park Circle Goodlettsville, TN 37072
Telephone Numbers	(615) 851-6033 (Office) (615) 851-2018 (Fax)

EDUCATION

Undergraduate Southern Methodist University Dallas, TX BA	08/01/1971 - 06/30/1975
Medical School Southwestern Medical School Dallas, TX MD	08/01/1976 - 06/07/1980
Internship Baptist Memorial Hospital Memphis, TN	07/01/1980 - 06/30/1981 Surgery
Residency University of Texas Health Sciences Center at San Antonio San Antonio, TX	07/01/1981 - 06/30/1984 Radiology
Fellowship Medical College of Wisconsin Milwaukee, WI	07/01/1984 - 06/30/1985 Radiology

EMPLOYMENT HISTORY

Advanced Diagnostic Imaging, P.C. 3024 Business Park Circle P.O. Box 249 Goodlettsville, TN 37072	10/01/2003 - Present
Premier Radiology 28 White Bridge Rd Suite 111 Nashville, TN 37205	10/01/2003 - Present

E. H. Himmelfarb
PO Box 681708
Franklin, TN 37068

08/01/1992 - 09/30/2003

San Bernardino Diagnostic
San Bernardino, CA

07/01/1985 - 07/31/1992

HOSPITAL AFFILIATIONS

Active
Hendersonville Medical Center
Hendersonville, TN

08/02/2005 - Present

Courtesy
Skyline Medical Center
Nashville, TN

07/19/2005 - Present

Active
Williamson Medical Center
Franklin, TN

08/27/1992 - Present

MEDICAL LICENSURE

TN 23804

07/20/1992 - Present

DEA INFORMATION

DEA

AA9715458

06/02/2003 - Present

SPECIALTIES

Board Certified
American Board of Radiology

Radiology, Diagnostic

06/01/1984 - Present

ASSOCIATIONS & AFFILIATIONS

ACR

Member.

Jonathan Paul Gordon, M.D., Ph.D.

505 Seaton Park Place, Franklin, Tennessee 37069
 (615) 595-8524 (H); (615) 440-6575 (Mobile)
 jg7xrad@gmail.com

Professional Experience

2007-present: Advanced Diagnostic Imaging, Nashville, Tennessee; Neuroradiologist

Education

M.D.	Virginia Commonwealth University/Medical College of Virginia Richmond, Virginia May 2000
Ph.D.	Virginia Commonwealth University/Medical College of Virginia Richmond, Virginia 1995 Major: Anatomy/Neurosciences
B.S.	Virginia Polytechnic Institute and State University, Blacksburg, Virginia 1990 Major: Biology Minor: Chemistry

Post Graduate Training

Internship	University of Virginia School of Medicine, Roanoke-Salem Program in Internal Medicine, Carilion Roanoke Memorial Hospital and Veterans Affairs Medical Center Roanoke, Virginia 7/1/00 – 6/30/01
Residency	Department of Radiology, University of Virginia Health System Charlottesville, Virginia 7/1/01 – 6/30/05
Fellowship	Neuroradiology, Department of Radiology, University of Virginia Health System Charlottesville, Virginia 7/1/05-6/30/07

Board Certification

American Board of Radiology – Diagnostic Radiology
 Passed – Written Examination – September 2004
 Passed – Oral Examination – June 2005

National Board of Medical Examiners - 2003

Medical Licensure

Virginia, Alabama, Tennessee, Washington, Kentucky(pending)

Honors, Awards and Fellowships

Fellow, ACR James M. Moorefield Economics Fellowship, August 2005
 2nd Place, Resident-in-Training Research Presentation, Association of University Radiologists Annual Meeting, 2004
 Resident Representative for Virginia State Chapter of ACR, ACR National Meeting and Leadership conference, 2004, 2005
 A.D. Williams Summer Research Fellowship, 1997
 Jack Denning Burke Award for Excellence in Cell Biology, Dept. of Anatomy, 1995

Research Experience

Laboratory Technician, Department of Anatomy, VCU/MCV, 1991
 Graduate Student, Department of Anatomy, VCU/MCV, 1991-1995
 Post-Doctoral Fellow, Department of Anatomy, VCU/MCV, 1996
 Student Worker, Department of Neurosurgery, VCU/MCV, 1998

Publications

Gordon J: Effects of moderate traumatic brain injury on the cytoskeleton of the rat hippocampus: a study of the CA1 and dentate gyrus subregions, Doctoral Dissertation, Virginia Commonwealth University/Medical College of Virginia, Department of Anatomy, 1995

Di X, Gordon J, Bullock R. Fluid percussion brain injury exacerbates glutamate-induced focal damage in the rat. *J Neurotrauma*. 1999 Mar; 16(3): 195-201.

Gordon J, Shaffer H, Levine P, de Lange E. Strictures of the cervical esophagus following laryngectomy: Efficacy of treatment with fluoroscopically guided balloon dilation. (working paper)

Gordon J. Book Review: ACR Syllabus: Gastrointestinal Disease VI, *JACR*. 2005 June; 2(6):552-553

Gordon J, Gay SB, et al. Billing and Reimbursement in Medical Imaging (web-based tutorial). www.med-ed.virginia.edu/courses/rad/billing/index.html

Coordinator and Author, Weekly radiologic clinical quiz, *Applied Radiology Online*, 2003-2005, over 40 cases submitted, www.appliedradiology.com

Chapter 52. "Imaging of Epidural Spinal Cord Compression." (with Lubdha Shah, C.

Jonathan P. Gordon, M.D., Ph.D.

Curriculum Vitae

3 of 3

Douglas Phillips and David Schiff) in *Handbook of Neuro-Oncology Neuroimaging* (Elsevier, 2007).

Abstracts/Posters

Gordon JP, Belardo ET, Black RT, Phillips LL: Elevation of calmodulin levels in CA1 and the dentate gyrus following traumatic brain injury. *Neurotrauma Soc. Abstr.* 1993.

Phillips, LL, Belardo, ET, Gordon, JP, Black, RT and Lyeth, BG: Expression of c-fos oncoprotein during long-term postinjury phases of fluid percussion traumatic brain injury. *Neurotrauma Soc. Abstr.*, 1993.

Gordon, JP, Belardo, ET, Lyeth, BG, Leichnetz, GR, Phillips, LL: MAP2 protein levels in CA1 and the dentate gyrus following moderate traumatic brain injury. *Soc. for Neurosci. Abstr.*, *J Neurotrauma*. 20:426, 1994.

Gordon, JP, Belardo, ET, Lyeth, BG, Reeves, TM and Phillips, LL: Traumatic Brain injury induces change in hippocampal microtubule-associated protein MAP1A, 3rd Internat. Neurotrauma Symposium, *J Neurotrauma*. 1995: 12(3): 477.

Gordon JP, Shah LM, Brown MD, Ham JK and Phillips CD: Another Hole in your Head? Review of Basal Cephaloceles. Poster presentation, American Society of Head and Neck Radiology Annual Meeting, 2006.

Professional Memberships

American College of Radiology, 2000 - present

RSNA, 2000- present

ASNR, 2005-present

ARRS, 2000-present

Southeastern Neuroradiological Society, 2007-present

Extracurricular Activities/Personal Interests

Sports – Football, Basketball; History – Christianity, The Civil War, World War II Aircraft; family, gardening, computers

Curriculum Vita

Iantha Lucille Harney, MD, DABR
 9426 Highwood Hill Road Brentwood, TN 37027
 email: iharney@gmail.com
 phone: (615) 371-4228

Place of birth	Oklahoma City, OK US Citizen
Education	
December 1995	B.S. Chemical Engineering, Oklahoma State University
May 2000	Doctor of Medicine, University of Oklahoma
July 2000 to June 2001	Internal Medicine, University of Oklahoma
July 2001 to June 2005	Diagnostic Radiology, University of Kansas in Wichita
June 2004 to June 2005	Chief Resident
July 2005 to June 2006	Musculoskeletal Radiology Fellowship, University of Virginia
Licensure and Certification	ABR Physics 2002, 96 th percentile ABR Written Exam 2004, 97 th percentile ABR Oral Exam, passed June 2005 USMLE Step 1, 2, &3: passed Kansas Medical License, 2003 to 2005 Oklahoma Medical License, 2003 to 2005 Alabama Medical License Colorado Medical License Georgia Medical License Kentucky Medical License Tennessee Medical License Virginia Medical License Washington Medical License Advanced Cardiac Life Support, 1998 to current
Work Experience	Advanced Diagnostic Imaging, 2006 to present Mixture of inpatient and outpatient work.
College Honors and Awards	National Merit Scholar 1991 Tau Beta Pi Engineering Honor Society Golden Key National Honor Society, Vice President Scholar's Enrichment Program OSU Engineering Omega Chi Epsilon Chem Eng Hon Soc, Secretary Alpha Epsilon Delta Pre-health Hon Soc, Reporter
Professional Societies	Radiologic Societies of North America, current American Roentgen Ray Society, current Amer. Medical Women's Assoc., Fundraising Chair American Medical Student Association

Oklahoma State Medical Association
 American Inst of Chemical Engineers
 Society of Women Engineers, Chapter Treasurer

Public Service

January 1995 to December 1995
 Stillwater Clinic

I created a computer database of patients, screened patients for eligibility, and worked as receptionist during clinic.

July 1998 to May 2000
 Foundation 2000

I helped create a not for profit foundation designed to benefit Oklahoma children with serious and life threatening illnesses.

1992 to present

I have repeatedly been a guest speaker at OKC Public schools events, recruitment, and outreach.

Teaching experience

July 2000 to June 2001

Internship

Medical student teaching with lectures and clinical practicum

July 2001 to present

Residency

Medical student, nursing student, and intern teaching with lectures and clinical practicum

July 2005 to July 2006

Fellowship

Teaching residents

Research Experience

Summers of 1992, 1993, and 1994 St. Francis(W.K.Warren) Medical Research Inst.

During my first summer I studied uptake and clearance kinetics of technetium based radiopharmaceuticals including Sestamibi. I brought our laboratory into OSHA compliance when it became part of the University of Oklahoma. I was also responsible for radiation safety and monitoring, as well as NRC compliance

Summer 1995

Oklahoma State Univ. College of Vet. Medicine

I ordered equipment and created a laboratory for the investigation of computer controlled anesthesia. I worked with a consultant to create a custom interface for data collection and use by a program specializing in fuzzy logic decision making.

Summers of 1996 and 1997

Thomas N. Lynn Institute for Healthcare Research

I utilized spectral analysis to study heart rate variability during obstructive sleep apnea, REM sleep, and episodes of GERD. I presented my project on OSA at a national meeting as an oral presentation. I also presented my project on heart rate variability during REM as a poster presentation.

Papers and Presentations

1. Robert D. Okada MD, Kiem Nguyen, J. Michael Lauinger, Iantha Allton, Kristy Sprietzer, Delia Beju, and Gerald Johnson III PhD, "Effects of No Flow and Reperfusion on Kinetics of 99mTcQ12, a New Myocardial Imaging Agent", *Journal of Nuclear Medicine*, 01/1995, Volume 36, Pages 2103-2109
2. Gerald Johnson III PhD, Iantha L. Allton, Kiem N. Nguyen, J. Michael Lauinger, Delia Beju, Roberto Pasqualini, Adriano Duatti, R, "Clearance of 99m Tc-N-Noet in Normal, Ischemic-reperfused, and Membrane-Disrupted Rat Myocardium", *Journal of Nuclear Cardiology*, 01/1995, Vol:3:1, Pages 42-54
3. Robert D. Okada MD, Kiem N. Nguyen, Michael Lauinger, Iantha L. Allton, Gerald Johnson III PhD, "Technetium 99m-Q12 kinetics in perfused rat myocardium: Effects of hypoxia and low flow", *American Heart Journal*, 01/1996, Volume:132:1, Pages 108-115
4. Jie Liang, B. Lin, Iantha L. Harney, J. Chen, W. C. Orr PhD, "Spectral Analysis of Heart Rate Variability During Obstructive Sleep Apnea", *Associated Professional Sleep Societies 11th Annual Meeting*, 06/1997
5. Iantha L. Harney, J. Chen, J. Liang, W. C. Orr, "A Novel Measure of Cardiac Instability During REM Sleep", *Associated Professional Sleep Societies 11th Annual Meeting*, 06/1997

Byard Edwards
 285 Mosher Way
 Palo Alto, CA 94304
 (650) 498-8462
 bedwards@stanford.edu

EDUCATION

- MD, Vanderbilt University School of Medicine, Nashville, TN, May 2001
- PhD, Physics, Cornell University, Ithaca, NY, August 1997
- BS in Physics with high honors, University of Texas—Austin, TX, December 1990

POSTDOCTORAL TRAINING

- NCI Body Imaging Fellow, Stanford University, July 1, 2006 through June 30, 2008
- Resident, Radiology, Stanford University Medical Center, July 1, 2002 through June 30, 2006
- Intern, Internal Medicine—Preliminary, Carilion Roanoke Memorial Hospital, Roanoke, VA, July 1, 2001 through June 30 2002

CURRENT RESEARCH INTERESTS

- Diffusion-weighted MRI of the kidneys; co-investigators F.G. Sommer, R. Bammer, B. Myers, B. Ho
- CT of traumatic diaphragmatic injury; co-investigators R. B. Jeffrey, T. Desser
- MRI of appendicitis; co-investigators R.B. Jeffrey, L. Shin
- Intravenous contrast dynamics in MRI; co-investigators D. Fleischmann, R. Bammer
- Individualized molecular imaging of cancer; co-investigator S. Gambhir

LICENSURE AND CERTIFICATION

- Licensed in California, Michigan, North Carolina, and South Carolina
- Board Certified by the American Board of Radiology, June 2006

EMPLOYMENT

- Radiologist (part-time), Vision Radiology (teleradiology), Pittsburgh, PA November 2006- present
- Research Assistant, Department of Cell Biology, Vanderbilt University School of Medicine, summer 1998
- Research Fellow, Bell Laboratories, Murray Hill, NJ, summer 1995

- Research Associate in Physics, Semiconductor Research Corporation, Ithaca, NY, 1993 to 1994
- Teaching Assistant, Department of Physics, Cornell University, 1991 to 1993
- Research Assistant, Applied Research Laboratories, Austin, TX, 1991
- Research Assistant, Department of Plasma Physics, University of Texas--Austin, 1988 to 1990

HONORS AND AWARDS

- Roentgen Resident/Fellow Research Award, RSNA, 2006
- Microbes and Defense Society, 1997
- Outstanding Presentation, "New Phase Transitions in Dense Hydrogen", Gordon Research Conference on Physics at High Pressure, 1996
- Bell Laboratories Fellowship in Physics, 1994 to 1997
- Melvin J. Reiger Scholarship in Physics, University of Texas, 1988 to 1990
- University Scholar, University of Texas, 1988-1990
- University Merit Scholarship, University of Texas, 1986-1990

PUBLICATIONS and PRESENTATIONS

Papers and Invited Presentations

- B. Edwards, G. Sommer, L. Chow, R. Bammer, B. Ho, B. Meyer, "Diffusion Weighted MRI of the Kidneys", Society of Uroradiology, Abdominal Radiology Course 2006, February 2006, Kauai, HI
- B. Edwards & N.W. Ashcroft, "Order in Dense Hydrogen at Low Temperatures", Proceedings of the National Academy of Sciences, 101, 4013-4018 (2004)
- T. Oyama, M. Dikov., P. Cheng, T. Takahashi, K. Takahashi, T. Sepetavec, B. Edwards, Y. Adachi, S. Nadaf, T. Danieel, D. Gabrilovich, D. Carbone, "Vascular Endothelial Growth Factor Effects on NF- κ B Activation in Hematopoietic Progenitor Cells", Cancer Research, 61, 2015-2021 (2001)
- D. Muller, B. Edwards, E. Kirkland, J. Silcox, "Simulation of Thermal Diffuse Scattering Including a Detailed Phonon Dispersion Curve", Ultramicroscopy, 86, 371-380 (2001)
- B. Edwards & N.W. Ashcroft, "Spontaneous Polarization in Dense Hydrogen", Nature, 388, 652-655 (1997) (featured in "News and Views" and listed on the cover)

- T.J. Lenosky, J.D. Kress, I. Kwon, A.F. Voter, B. Edwards, D.F. Richards, S. Yang, J.B. Adams, "Highly Optimized Tight-Binding Model of Silicon", *Physical Review B*, 55, 1528-1544 (1997)
- B. Edwards, N.W. Ashcroft, T.J. Lenosky, T.J. "Layering Transitions and the Structure of Dense Hydrogen", *Europhysics Letters*, 34, 519-524 (1996)

Abstracts

- B. Edwards, L.K. Shin, G. Sommer, B. Ho, B. Myers, R. Bammer, L. Chow, "Evaluation of Renal Function with Diffusion Weighted MRI of the Kidneys", *Proceedings of the ISMRM*, May 2007, Berlin, Germany
- L.K. Shin, B. Edwards, B. Hargreaves, R.B. Jeffrey, A. Thompson, A.C. Brau, R. Busse, P.J. Beatty, R.J. Herfkens, "Evaluation of Accelerated Single Shot Fast Spin Echo (SSFSE) for Imaging of the Appendix", *Proceedings of the ISMRM*, May 2007, Berlin, Germany
- B. Ho, B. Myers, S. Busque, B. Edwards, G. Sommer, J. Tan, "Determinants of Adaptive Hyperfiltration after Nephrectomy in Living Kidney Donors", *American Society of Nephrology Renal Week*, San Diego, CA, November 14, 2006
- B. Ho, B. Edwards, G. Sommer, B. Myers, J. Tan, "Diffusion weighted imaging of the kidneys as a measure of GFR", *World Transplant Conference*, Boston, MA, July 22, 2006

References available upon request

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Brentwood, TN 37027

Phone 615-776-3198
E-mail: jhuggett@gmail.com

Jeffrey Huggett, MD

Graduate Medical Education	<p>Musculoskeletal Radiology Fellowship July, 2002 – June, 2003 University of Virginia Charlottesville, VA</p> <p>Diagnostic Radiology Residency July, 1998 – June, 2002 University of Virginia Charlottesville, VA Chief resident 2001-2002</p> <p>Transitional Internship July, 1997 – June, 1998 Oakwood Hospital Dearborn, MI</p>
Education	<p>Wayne State University School of Medicine Detroit, MI M.D. May, 1997</p> <p>Michigan State University East Lansing, MI B.S. in Medical Technology with Honors May, 1993</p>
Professional experience	<p>Advanced Diagnostic Imaging/Premier Radiology Nashville, TN July 2003-Present Musculoskeletal Radiologist</p>
Board Certification	<p>ABR Oral examination June 2002 ABR Written examination September, 2001 ABR Physics examination September, 2000 USMLE I, II, & III</p>
Professional Licensure	<p>Active medical licenses in Tennessee, Virginia, Kentucky, Colorado, Georgia, Idaho, Louisiana, Washington, Maine Tele-radiology license in Texas</p>

**Professional
memberships**

American College of Radiology
Radiological Society of North America
International Skeletal Society
Society of Skeletal Radiology

**Interests and
activities**

Spending time with family, Golf, Fishing, Travel

References

Available upon request

Vineet Sharma
 1112 Frances Ave
 Nashville, TN 37204
 vsharma23@gmail.com

Post-grad Training: University of Utah, Department of Radiology, Salt Lake City, UT
MRI Fellowship. Subspeciality training to include MSK, Body, and Neuro, as well as Cardiac MR/CT.

University of Utah, Department of Radiology, Salt Lake City, UT
 Resident, (2001-2005);

Good Samaritan Hospital, Phoenix, AZ
 Transitional Year Intern, completed 2001

Certifications: American Board of Radiology. Certified June 2005.
 Level 3 certification in Cardiac CTA and Cardiac MRI, June 2006 (SCCT, SCMR and ACR criteria). University of Utah Dept. of Radiology.

State Licensure: Utah	Issued	2001	Active
Tennessee	Issued	2006	Active
Louisiana	Issued	2007	Active
Georgia	Issued	2007	Active
Kentucky	Issued	2007	Active
Washington	Issued	2007	Active
Colorado	Issued	2006	Active
Idaho	Issued	2007	Active
Maine	Issued	2006	Active
Alabama	Issued	2007	Active

Education: University of Tennessee College of Medicine, Memphis TN
 Medical Doctorate, June 2000
 GPA 3.60 USMLE Step 1: 235 (89th %ile)
 USMLE Steps 2 and 3: pass

University of Memphis, Memphis, TN
 Bachelor of Arts in English Literature, May 1996
 GPA 3.89 Summa Cum Laude

University of Memphis, Memphis, TN
 Bachelor of Science in Biology, May 1995
 GPA 3.45 Magna Cum Laude

Honors: Dean's List 1991-1996, University of Memphis
 English Scholar of the Year, 1996, University of Memphis
 Nucor-Yamato Merit Scholar, 1992-1995

Memberships: RSNA, ARRS, ACR

Employment: Advance Diagnostic Imaging
 3024 Business Park Circle
 Goodlettsville, TN 37072
 Diagnostic Radiologist, with subspecialty skills in CT/MRI
 Current

Utah Basin Medical Center, Roosevelt UT
Diagnostic Radiologist - all modalities
Interpretation of about 80 studies per day including MR/CT/US
One week, every other month since Feb 2005 (moonlighting)

Hospital Affiliations:

Horizon Medical Center, Dickson, TN
Parkway Regional Hospital Fulton, KY
Southern TN Medical Center Winchester, TN
University Medical Center Lebanon, TN
Eastern Maine Medical Center Bangor, ME
Premier Radiology Pain Management Center Nashville, TN
Williamson Medical Center Franklin, TN
Hendersonville Medical Center Hendersonville, TN
Skyline Medical Center, Nashville, TN

Publication:

Sharma et al, The Radiological Spectrum of Small Airways Disease, *Seminars in Ultrasound, CT and MRI*; Vol 23, No 4. August 2002. pp 339-351.

Personal:

I have a broad range of literary pursuits from writing poetry and short stories to reading classical and postmodern literature. I enjoy an afternoon lounging on the golf course with friends, as well as cutthroat competition on the basketball or tennis court. Passionate about traveling, wine, and college football.

Curriculum Vitae
Michael J. Spellman, Jr.

Home:
946 Yearling Way
Nashville, Tennessee 37221
(615) 373-9103

Work:
Advanced Diagnostic Imaging, P.C.
3024 Business Park Circle
P.O. Box 249
Goodlettsville, Tennessee 37070-0249
(615) 851-6033

EDUCATION and TRAINING:

Undergraduate Degree
Washington and Lee University
Lexington, Virginia
B.A., Chemistry, *cum laude*
June, 1985

Medical Degree
Saint Louis University School of Medicine
St. Louis, Missouri
M.D.
May, 1994

Postgraduate Training and Experience
Saint Louis University School of Medicine
Surgery Intern
July 1994 through June 1995

Saint Louis University School of Medicine
Surgery/Urology Resident
July 1995 through June 1997

University of Virginia Health System
Radiology Resident
July 1997 through June 2001

University of Virginia Health System
Chief Resident, Radiology
April 1999 through March 2000

University of Virginia Health System
 Neuroradiology Fellow
 July 2001 through June 2003
 Clinical Instructor
 Department of Radiology
 University of Virginia Health System
 July 2002 through June 2003

CURRENT POSITION:

Neuroradiologist, Private Practice
 Advanced Diagnostic Imaging, P.C.
 Nashville, Tennessee
 June 2003 to present

STATE MEDICAL LICENSES:

Colorado:

Active Physician License #44948
 Issued June 1, 2007
 Expires May 31, 2009

Missouri:

Medical Physician and Surgeon License #105683
 Issued 1996
 Expires January 31, 2008

Virginia:

Intern and Resident License #0116008678
 Issued 1997
 Expired June 30, 2002
 Medicine and Surgery License #0101231861
 Issued October 5, 2001
 Expires September 30, 2008

Tennessee:

Medical Doctor License #37553
 Issued May 13, 2003
 Expires September 30, 2009

Kentucky:

Board of Medical Licensure License #39255
 Issued March 17, 2005
 Expires March 1, 2008

Texas:

License #TM00115
Issued August 24, 2007
Expires May 31, 2009

Washington:

Physician and Surgeon License #MD00047262
Issued October 31, 2006
Expires September 18, 2009

Virginia

License #0101231861
Issued October 05, 2001
Expires September 30, 2008

Georgia:

License #060323
Issued December 7, 2007
Expires December 30, 2009

Maine:

License #017616
Issued October 26, 2007
Expires September 30, 2009

CERTIFICATION:

Diagnostic Radiology, The American Board of Radiology

PROFESSIONAL SOCIETIES:

American College of Radiology (ACR)

Radiological Society of North America (RSNA)

American Society of Neuroradiologists (ASNR), Senior Member

HONARY SOCIETIES, HONORS AND AWARDS:

Washington and Lee University:

Dean's List
Honor Roll
Robert E. Lee Research Scholar, Chemistry
ALPHA EPSILON DELTA

Michael J. Spellman, Jr.

Saint Louis University School of Medicine
 Summer Research Fellowship
 Resident Teacher Award, 1997

University of Virginia:
 Introduction to Research Program, RSNA, 1998
 Most Outstanding Fellow Award, 2003

ACTIVITIES:

Washington and Lee University:
 White Book (Honor Code) Revisions Committee
 Secretary for Mock Convention - New York State Delegation

Saint Louis University School of Medicine
 Freshman Orientation 1991
 Support Group Leader - Advisor to incoming freshman
 Course evaluator for Death and Dying and Neuroscience II
 Honor Council Representative, 1990-1994

RESEARCH EXPERIENCE:

- | | |
|------------------------------|---|
| June 1983-August 1983 | Cornell University Medical College: one summer as a Research Assistant. Project involved a bioassay and radioimmunoassay to detect thromboxane synthesis from hydronephrotic rabbit kidneys. |
| July 1985-June 1986 | University of California, San Francisco:
Staff Research Associate for the Cancer Research Institute. Projects involved looking at drug effects on various types of cancer cells through cloning experiments and RNA preparations. |
| June 1986-July 1988 | University of California, San Francisco:
Staff Research Associate for the Department of Anesthesia. Projects involved pharmacokinetics and pharmacodynamics of various narcotics and muscle relaxants using both human and ovine models, along with extensive computer analysis of collected data and computer graphics. |
| July 1988-August 1990 | University of California, San Francisco:
Staff Research Associate for the Department of Anesthesia. Project involved respiratory physiology and the performance of pulse oximeters at various hypotensive and |

Michael J. Spellman, Jr.

hypoxic states.

Summer 1991

University of California, San Francisco:
Student in the Department of Anesthesia. Investigated
hypoxic ventilatory responses during acclimation to high
altitude.

2001-2003

University of Virginia:
Fellow in Department of Radiology. Development of
Magnetic Resonance Ventilation/Perfusion Scan and
Virtual Colonoscopy using hyperpolarized noble gases;
high resolution carotid artery magnetic resonance
angiography and functional paranasal sinus imaging

Michael J. Spellman, Jr.

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BIBLIOGRAPHY:

Papers published, in press, or accepted for publication in peer reviewed journals

1. Gauntlett IS, Fisher DM, Hertzka RE, Kuhls E, Spellman MJ, Rudolph C: Pharmacokinetics of fentanyl in neonatal humans and lambs: Effects of age. *Anesthesiology* 69:683-687, 1988.
2. Hertzka RE, Gauntlett IS, Fisher DM, Spellman MJ: Fentanyl-induced ventilatory depression: Effects of age. *Anesthesiology* 70:213-218, 1989.
3. Kitts JB, Fisher DM, Canfell PC, Spellman MJ, Caldwell JE, Heier T, Fahey MR, Miller RD: Pharmacokinetics and pharmacodynamics of atracurium in elderly. *Anesthesiology* 72:272-275, 1990.
4. Fisher DM, Canfell PC, Spellman M, Miller RD: Pharmacokinetics and Pharmacodynamics of atracurium in infants and children. *Anesthesiology* 73:33-37, 1990.
5. Severinghaus JW, Spellman MJ: Pulse oximeter failure thresholds in hypotension and ischemia. *Anesthesiology* 73:532-537, 1990.
6. Xu FD, Spellman MJ, Sato M, Baumgartner JE, Ciricillo SF, Severinghaus JW: Anomalous hypoxic acidification of medullary ventral surface. *Journal of Applied Physiology* 71:2211-2217, 1991.
7. Severinghaus JW, Xu FD, Spellman MJ: Benzocaine and methemoglobin:recommended FDA action (letter to the editor). *Anesthesiology* 74:385-386, 1991.
8. Sato M, Severinghaus JW, Powell FL, Xu FD, Spellman MJ: Augmented hypoxic ventilatory response in man at altitude. *Journal of Applied Physiology* 73:101-107, 1992.
9. Xu F, Sato M, Spellman MJ, Mitchell RA, Severinghaus JW: Topography of cat medullary ventral surface hypoxic acidification. *Journal of Applied Physiology* 73:2631-2637, 1992.
11. Mugler III JP, Driehuys B, Hagspiel K, Ruppert K, Cates G, Altes T, Spellman M, Munger T, Mata J, Brookeman J: Dissolved-Phase Xe-129 spectroscopy: impact of polarization improvements. Accepted for publication in the journal *European Radiology*, June 1999.

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12. Hagspiel K, Altes T, Mugler III JP, Spellman M, Mata J, Tustison N, Rudy R, Brookeman J: MR virtual colonoscopy and hysterosalpingography using hyperpolarized helium-3 as an endoluminal contrast agent. Accepted for publication in the journal *European Radiology*, June 1999.
13. Hagspiel K, Mugler III JP, Altes T, De Lange E, Knight-Scott J, Munger T, Berr S, Mai V, Daniel T, Spellman M, Mata J, Bogorad P, Driehuys B, Gentile T, Jones G, Thompson A, Brookeman J: Static MR imaging of the airways using hyperpolarized He-3 and Xe-129: The University of Virginia Experience. Accepted for publication in the journal *European Radiology*, June 1999.
14. Hagspiel K, Spellman MJ, Altes T, Mugler J, Brookeman J: Magnetic Resonance Colonography employing polarized noble gases, a novel technique. *Radiology* submitted for publication.
15. Spellman MJ: Deviation of the descending thoracic aorta as a sign left of atrial enlargement. Submitted to *Radiology*.
16. Spellman MJ, Longo WE, Parra RO: Locally advanced rectal carcinoma involving the urinary tract: Salvage treatment with pelvic exenteration and colon urinary diversion. For submission to *Journal of Pelvic Surgery*.

ABSTRACTS:

1. Hertzka RE, Fisher DM, Gauntlett IS, Spellman M: Are infants sensitive to respiratory depression from fentanyl? *Anesthesiology* 67:A512, 1987.
2. Kitts JB, Fisher DM, Canfell PC, Spellman MJ, Cauldwell JB, Heier T, Fahey MR, Miller RD: Pharmacokinetics of atracurium in elderly and young adults. *Anesthesiology* 69:A482, 1988.
3. Xu F, Severinghaus JW, Spellman MJ, Sato M: hypoxia uniquely acidifies medullary ventral surface ECF. *FASEB* A4342, April 1991.
4. Ruppert K, Brookeman JR, Spellman MJ, Hagspiel KD, Driehuys B, Munger T, Mugler JP: Temporal dynamics of hyperpolarized ¹²⁹Xenon in the dog chest during a breath-hold period. *ISMRM* 319, May, 1999.
5. Wu RH, Kallmes DF, Spellman MJ, Marx W: Accuracy of contrast enhanced MR Angiography in the model of carotid artery stenosis. *ISMRM*1916, May, 1999.

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6. Wu RH, Kallmes DF, Spellman MJ, Fujwara N, Christopher JM, Mugler JP: High resolution contrast enhanced MR Angiography in the model of carotid artery. RSNA198, November, 2000

PRESENTATIONS:

1. "Voiding dysfunction following proctectomy for malignant disease," The American Society of Colon and Rectal Surgeons, Seattle, Washington, June 12, 1996
2. "MR Virtual colonoscopy using hyperpolarized helium-3 as an endoluminal contrast agent," International Society for Magnetic Resonance in Medicine, Philadelphia, Pennsylvania, May 27, 1999.
3. "Web-based system for faculty evaluations," Association of University Radiologists, Orlando, Florida, April, 8, 2000.
4. "Fluoroscopically-guided balloon dilations of the gastrointestinal tract strictures: Review of primary complications." RSNA, Chicago, Illinois, November, 29, 2000.

Curriculum Vitae

Brett L Thorstad, MD

PERSONAL DATA

Date of Birth	07/15/1957 Montgomery, AL, USA
Marital Status	Married
Citizenship	USA
Residence	2303 Golf Club Lane Nashville, TN 37215 (615) 298-1289(Home)
Business Office	Advanced Diagnostic Imaging, PC 3024 Business Park Circle Goodlettsville, TN 37072
Telephone Numbers	(615) 851-6033 (Office) (615) 851-2018 (Fax)

EDUCATION

Undergraduate University of Alabama - Tuscaloosa Tuscaloosa, AL BS	07/01/1975 - 05/31/1979
Medical School University of Alabama, School of Medicine Birmingham, AL MD	07/01/1982 - 06/30/1986
Residency University of Alabama Hospital Birmingham, AL	07/01/1987 - 06/30/1991 Diagnostic Radiology
Residency University of Alabama Hospital Birmingham, AL	07/01/1986 - 06/30/1987 Nuclear Medicine
Fellowship University of Alabama Hospital Birmingham, AL	07/01/1991 - 06/30/1993 Neuroradiology

EMPLOYMENT HISTORY

Premier Radiology Pain Management Center 28 White Bridge Rd Suite 104 Nashville, TN 37205	08/19/2005 - Present
Premier Radiology 28 White Bridge Rd Suite 111 Nashville, TN 37205	03/01/1994 - Present

Advanced Diagnostic Imaging, P.C.
3024 Business Park Circle
Goodlettsville, TN 37072

03/01/1994 - Present

University of Alabama Hospitals
619 S 19th Street
Birmingham, AL 35233

07/01/1993 - 02/28/1994

HOSPITAL AFFILIATIONS

Provisional Associate
Horizon Medical Center
Dickson, TN

09/27/2007 - 09/26/2008

Associate
University Medical Center
Lebanon, TN

06/13/2007 - Present

Active
Premier Radiology Pain Management Center
Nashville, TN

06/01/2005 - 05/31/2008

Active
Williamson Medical Center
Franklin, TN

05/27/1999 - 06/30/2008

Active
Hendersonville Medical Center
Hendersonville, TN

01/12/1999 - 01/31/2008

Active
Skyline Medical Center
Nashville, TN

03/16/1994 - 06/30/2008

MEDICAL LICENSURE

CO	DR-45099
OK	20589
MA	
KY	33667
TX	K4270
LA	
FL	ME72892
NV	
TN	25159
AL	13508

10/23/2006	- 05/31/2009
03/26/1998	-
12/17/1997	-
12/17/1997	- 03/01/2009
11/22/1997	-
09/17/1997	-
04/23/1997	-
04/18/1997	-
12/16/1993	- 07/31/2009
06/30/1987	- 12/31/2008

SPECIALTIES

Board Certified
American Board of Radiology

Radiology, Diagnostic

11/09/1992

ASSOCIATIONS & AFFILIATIONS

American Society of Neuroradiology
RSNA
Society of Nuclear Medicine

Member
Member
Member

PUBLICATIONS

Article

- | | |
|--|------------|
| - Bilateral fetal nephromegaly | 01/01/1991 |
| - Radionuclides in Uco - and Nephrology | 01/30/1989 |
| - Kidney Imaging with TC-99m-MAG3 a technetium labeled analog of hippuran | 01/01/1989 |
| - Quantitation of renal function with TC-99m MAG3 | 01/30/1988 |
| - Comparison of TC-99m-MAG3 with I-131 Hippuran by a simultaneous dual channel technique | 01/30/1988 |
| - Abnormal captopril renogram with a technetium labeled hippuran analog | 01/01/1988 |
| - The periholecystic hepatic activity sign in a normal DISIDA study | 01/30/1987 |
| - A rare cause of death form pancreatic carcinoma | 01/01/1987 |

Jeffrey T. Williams, MD 5 PM 3: 54

1911 Beechwood Ave.
Nashville, TN 37212

615-292-9147 H

615-483-1015 C

twilliams1972@hotmail.com

Education:

Barrow Neurological Institute, Phoenix, AZ

Neuroradiology Fellowship

July 2003 – June 2005: ABR Subspecialty Board Certificate: November, 2007

University of Tennessee, Memphis, TN

Diagnostic Radiology Residency

June 1999 – June 2003: ABR Board Certificate: June 4, 2003

University of Tennessee, Memphis, TN

Internal Medicine Internship

June 1998 – June 1999

University of Tennessee College of Medicine; Memphis, TN

1994-1998

- AMA Medical Student Executive Council Representative (1995 – 1997)
- IMHOTEP Society – In recognition of service and leadership
- Peer Counselor / Faculty Mentor Program – to serve as catalyst in providing support for first year students (1994 – 1998)
- USMLE: Step 1 (1996), Step 2 (1997), Step 3 (1998)

David Lipscomb University; Nashville, TN

1990-1994: BS in Applied Chemistry with Business Management Minor

- *Alpha Chi* National Honor Society – the top 10% (1994)
- Athletic and academic scholarships
- Director of University Orientation, "Quest" (1992 – 1994)
- Honor Code Council (1992 – 1994)
- *Magna cum Laude* (1994)
- University Senator (1990 – 1992), Chair of the Academic Committee

David Lipscomb High School; Nashville, TN

Graduated 1990

Professional Activities:

Chief Fellow

Department of Neuroradiology; Barrow Neurological Institute

Chief Resident

Department of Radiology; University of Tennessee

Medical Education Committee

Department of Radiology; University of Tennessee

Representative to the GME Residents Association

Department of Radiology; University of Tennessee

ACGME Resident Representative for Department of Radiology

University of Tennessee

Resident Resources Committee

Department of Radiology; University of Tennessee

Awards:

2003 RSNA Roentgen Resident/Fellow Research Award

Ettman Scholar, Department of Radiology, Univ. of Tennessee
2002

Golden Apple Teaching Award for 1998–1999

Recipient selected by the student body at the University of Tennessee
College of Medicine

Publications:

"A New Universal Colostomy Tip for Barium Enemas of the Colon,"
Williams J, Scott R; AJR 2003; 180:1330 -1331

Professional Organizations:

American Association of Academic Chief Residents in Radiology (2002- 2003)
American College of Radiology
American Roentgen Ray Society
American Society of Neuroradiology, Senior Member
Radiological Society of North America

Employment:

Advanced Diagnostic Imaging, P.C. Goodlettsville, TN
2005 – Present

Medical Student Extern, Methodist Hospital, Memphis, TN
1996 – 1998

Surgical Assistant, Southern Hills Hospital, Nashville, TN
1995

Interests:

**Fly fishing, reading, running,
skiing, and travel**

References:

Available on request

Michael R. Conden, M.D.
 414-35-0164
 1205 Taggartwood Drive
 Brentwood, TN 37027
 Coudenam@comcast.net

Education

Current: Interventional and Diagnostic Radiologist with Advanced Diagnostic Imaging- Nashville, TN

Fellowship: Vascular and Interventional Radiology, MUSC 2001-2002
 Certificate of Additional Qualification , 11/04

Residency: Medical University of South Carolina 1997-2001; Board-Certified in Diagnostic Radiology, 6/01

Internship: University of Tennessee at Chattanooga, 7/1996 - 6/1997

Medical School: University of Tennessee at Memphis, 8/1992 - 6/1996

Undergraduate: Rhodes College, Memphis; B.S. in Biology, May 1992

High School: Father Ryan High School, Nashville, TN Class Rank: 9/243

Honors and Extracurricular Activities

Residency: Chief Resident 2000-2001
 Resident Representative for MUSC House Staff 1999-2000
 Representative at ACR Meeting - Washington, D.C., 1999;
 New York, N.Y., 2000
 Distinguished Achievement ACR Inservice Exam- 2nd Year (>70%ile)
 1st Place Award Proven Case Conferences- First Year Residents

Medical School: Peer Counselor 1992-1993
 Class Social Chairman 1992-1994
 Intramural Soccer and Basketball 1992-1995
 Completed Memphis Marathon 1995

Undergraduate: Presidential Scholarship 1988-1992
 Dean's List 1991-1992 (GPA=3.7)
 Honor Roll Fall 1992 (GPA=4.0)
 Varsity Soccer Starter 1988-1992
 Captain, Soccer Team 1992
 Sigma Nu Fraternity 1988-1992
 Intrafraternity Council Representative 1991
 Beta Beta Beta Biology Honor Society 1992

Research

NIH Medical Student Grant, summer 1993

Curriculum Vitae

John Joseph Alarcon, MD

PERSONAL DATA

Date of Birth	02/04/1961
Place of Birth	Chicago, IL, USA
Marital Status	Married
Citizenship	USA
Residence	1220 Waterstone Blvd Franklin, TN 37069 (615) 661-9065
Primary and Business Office	Advanced Diagnostic Imaging, PC 3024 Business Park Circle Goodlettsville, TN 37072
Telephone Numbers	(615) 851-6033 (Office) (615) 851-2018 (Fax)

EDUCATION

Undergraduate Emory University Atlanta, GA BA	09/01/1979 - 06/30/1982
Medical School Medical College of Georgia Augusta, GA MD	09/01/1982 - 06/30/1986
Internship The Malden Hospital Malden, MA	07/01/1986 - 06/30/1987
Residency Emory University Atlanta, GA Diagnostic Radiology	07/01/1987 - 06/30/1991
Fellowship Vanderbilt Children's Hospital Nashville, TN Neuroradiology	07/01/1991 - 06/30/1992

EMPLOYMENT HISTORY

Advanced Diagnostic Imaging, P.C. 3024 Business Park Circle P.O. Box 249 Goodlettsville, TN 37020	06/28/1999 - Present
Premier Radiology 28 White Bridge Rd Suite 111 Nashville, TN 37205	06/28/1999 - Present

EMPLOYMENT HISTORY *CONTINUED*

Scottish Rite Children's Medical Center
1001 Johnson Ferry Rd. N.E.
Atlanta, GA 30342

09/16/1993 - 05/28/1999

HOSPITAL AFFILIATIONS

Skyline Medical Center
Nashville, TN
Active

12/21/1999 - Present

Horizon Medical Center
Dickson, TN
Active

09/27/2007 - Present

University Medical Center
Lebanon, TN
Courtesy

05/03/2007 - Present

Premier Radiology Pain Management Center
Nashville, TN
Active

06/01/2005 - Present

Hendersonville Medical Center
Hendersonville, TN
Active

11/06/2001 - Present

Williamson Medical Center
Franklin, TN
Associate

02/22/2001 - Present

Parkway Regional Hospital
Fulton, KY
Consulting/Telemedicine

05/14/2008 - Present

Kindred Hospital
Franklin, TN
Active

05/02/2008 - Present

Middle Tennessee Mental Health Institute
Nashville, TN
Courtesy

02/22/2001 - Present

Bedford County Medical Center
Shelbyville, TN
Active

08/21/2003 - 08/18/2004

Tennessee Christian Medical Center
Madison, TN
Inactive

09/15/1999 - 09/10/2006

MEDICAL LICENSURE

AL	SP.10	10/24/2007 - Present
CO	45463	03/28/2007 - Present
KY	36309	03/22/2001 - Present
TN	21638	07/02/1991 - Present
GA	032508	12/07/1989 - Present

SPECIALTIES**Board Certified**

American Board of Radiology
American Board of Radiology

Neuroradiology
Radiology, Diagnostic

34842
34842

11/01/1997 - 11/30/2007
11/25/1991 - Present

**ASSOCIATIONS &
AFFILIATIONS**

ACR
American Society of Neuroradiology
RSNA

Member
Member
Member

PUBLICATIONS**Article**

- Creasy JL, Alarcon JJ: Magnetic Resonance Imaging of Neurocysticercosis. Topics in Magnetic Resonance Imaging 6(1): 59-68, 1994.
- Vassiliades VG, Foley WD, Alarcon JJ, Lawson T, Erickson S, Kneeland JB, Steinberg HV, Bernardino ME: Hepatic Metastases: CT Versus MR Imaging at 1.5T. Gastrointestinal Radiology 16:159-163, 1991.
- Steinbert HV, Alarcon JJ, Bernardino ME: Focal Hepatic Lesions: Comparative MR Imaging at 0.5 and 1.5T. Radiology 174: 153-156, 1990.

Curriculum Vitae

Steven Michael Blount, MD

PERSONAL DATA

Date of Birth	06/26/1961 Oceanside, CA, Camp Pendleton USA
Marital Status	Married
Citizenship	USA
Residence	1434 Moran Road Franklin, TN 37069 (615) 309-0161 (Home)
Business Office	Advanced Diagnostic Imaging, PC 3024 Business Park Circle Goodlettsville, TN 37072 (615) 851-6033 (Office) (615) 851-2018 (Fax)

EDUCATION

Undergraduate University of Colorado Boulder, CO BA	08/01/1980 - 12/01/1983
Medical School East Tennessee State University Johnson City, TN MD	08/15/1985 - 05/06/1989
Residency Vanderbilt University Medical Center Nashville, TN	07/01/1989 - 06/01/1993 Radiology
Fellowship Vanderbilt University Medical Center Nashville, TN	07/01/1993 - 06/01/1994 Radiology, Interventional

EMPLOYMENT HISTORY

Advanced Diagnostic Imaging, P.C. 3024 Business Park Circle PO Box 249 Goodlettsville, TN 37072	03/01/1995 - Present
Premier Radiology 28 White Bridge Rd Suite 111 Nashville, TN 37205	03/01/1995 - Present

Steven M Blount MD
2817 White Oak Drive
Nashville, TN 37205

07/01/1993 - 07/01/1996

St Judes Childrens Hospital
Memphis, TN

01/01/1984 - 02/28/1985

HOSPITAL AFFILIATIONS

Active
Horizon Medical Center
Dickson, TN

09/20/2007 - Present

Courtesy
University Medical Center
Lebanon, TN

06/13/2007 - Present

Active
Premier Radiology Pain Management Center
Nashville, TN

07/25/2005 - Present

Associate
Williamson Medical Center
Franklin, TN

02/25/1999 - Present

Active
Hendersonville Medical Center
Hendersonville, TN

01/12/1999 - Present

Active
Skyline Medical Center
Nashville, TN

12/18/1995 - Present

Courtesy
Middle Tennessee Mental Health Institute
Nashville, TN

03/14/2008 - Present

Consulting
Parkway Regional Hospital
Nashville, TN

04/23/2008 - Present

Active
Kindred Hospital
Nashville, TN

05/02/2008 - Present

MEDICAL LICENSURE

AL 20495
CO DR-45092
KY 33781
TN 21964

02/26/2008 - Present
10/16/2006 - Present
03/19/1998 - Present
10/23/1991 - Present

SPECIALTIES

Board Certified
American Board of Radiology

Radiology, Diagnostic

06/10/1993

Curriculum Vitae

Jack Michael Friday, MD

2011 DEC 15 PM 3: 54

PERSONAL DATA

Date of Birth	11/16/1961 Gastonia, NC, USA
Marital Status	Married
Citizenship	USA
Residence	1159 Gateway Lane Nashville, TN 37220
Primary Office	Advanced Diagnostic Imaging, PC 3024 Business Park Circle Goodlettsville, TN 37072
Telephone Number	(615) 373-0626 (Home)
Business Office	Advanced Diagnostic Imaging, PC 3024 Business Park Circle Goodlettsville, TN 37072
Telephone Numbers	(615) 851-6033 (Office) (615) 851-2018 (Fax)
UPIN	F44380

EDUCATION

Undergraduate University of North Carolina at Chapel Hill Chapel Hill, NC BA	08/15/1980 - 05/10/1984
Medical School University of North Carolina at Chapel Hill Chapel Hill, NC MD Clinical Medicine Rotation and Student Health Alliance Clinic	08/01/1984 - 05/30/1988
Internship University of Florida Gainesville, FL	07/01/1988 - 06/01/1989 Internal Medicine
Residency Tulane University Hospital New Orleans, LA	07/01/1989 - 06/30/1990 Radiology
Residency University of Virginia Charlottesville, VA	07/01/1990 - 06/01/1993 Radiology
Fellowship University of Florida, College of Medicine Gainesville, FL	07/01/1993 - 06/30/1994 Cardiovascular & Interventional Radiology

EMPLOYMENT HISTORY

Advanced Diagnostic Imaging, P.C.
3024 Business Park Circle PO Box 249
Goodlettsville, TN 37072

10/01/1999 - Present

Premier Radiology
28 White Bridge Rd Suite 111
Nashville, TN 37205

10/01/1999 - Present

Hill Radiology Associates, P.C.
3024 Business Park Circle
Goodlettsville, TN 37072

08/01/1994 - 09/30/1999

HOSPITAL AFFILIATIONS

Active
Horizon Medical Center
Dickson, TN

09/27/2007 - Present

Associate
University Medical Center
Lebanon, TN

05/03/2007 - Present

Consulting
Bedford County Medical Center
Shelbyville, TN

08/21/2003 - 08/18/2004

Associate
Williamson Medical Center
Franklin, TN

11/18/1999 - Present

Active
Skyline Medical Center
Nashville, TN

11/21/1994 - Present

Active
Hendersonville Medical Center
Hendersonville, TN

11/01/1994 - Present

Courtesy
Summit Medical Center
Hermitage, TN

11/01/1994 - 06/12/2007

Active
Tennessee Christian Medical Center
Madison, TN

10/25/1994 - 11/23/2005

MEDICAL LICENSURE

AL	SP.19
TN	25800
KY	29216
VA	0101046771
NC	38262

11/09/2007	- Present
07/01/1994	- Present
11/06/1992	- Present
07/01/1991	- Present
08/19/1989	- 11/16/2004

DEA INFORMATION

DEA

BF2883002

10/14/1994 - Present

SPECIALTIES

Board Certified
American Board of Radiology

Radiology, Diagnostic

06/10/1993 - Present

**ASSOCIATIONS &
AFFILIATIONS**VIR
RSNAMember
Member**PUBLICATIONS****Article**

- Oblique projections in aortography following blunt trauma 06/01/1989

Speech

- Spurious ST segment depression due to atrial repolarization and further characterization of the T_a wave 01/01/1987
- Use of Captain for control of Sarcophaga Bullata through chitin synthesis inhibition 01/01/1983
- Reactivity of diabetic rat hearts and aortae to various neurotransmitters 01/01/1983
- Synthesis of candidate anti-cancer compounds for NCI tumor panel 01/01/1982

Michael S. Metzman, M.D.

Home Address

926 Overton Lea
Nashville, TN 37220
(615) 298-3660
mickmet@comcast.net

Business Office

Advanced Diagnostic Imaging, PC
3024 Business Park Circle
Goodlettsville, TN 37072
Phone (615) 851-6033; Fax (615) 851-2018

Education

Institution	Dates	Degree
University of Pennsylvania	1974-1978	BA - Biology
Hahnemann University College of Medicine	1978-1982	M.D.
Good Samaritan Hospital - Internship	1982-1983	Internal Medicine
Emory University Hospital - Residency	1983-1987	Radiology, Diagnostic
Emory University Hospital - Fellowship	1987-1988	Neuroradiology

Work Experience

Advanced Diagnostic Imaging, PC, Radiologist, April 1, 1991 to present
NOL, LLC d/b/a Premier Radiology, Radiologist, April 1, 1991 to present
DeKalb Medical Center, Radiologist, July 1, 1988 to March 31, 1991

Facility Affiliations

Williamson Medical Center
Skyline Medical Center
Hendersonville Medical Center
RADS of America, LLC d/b/a Premier Radiology Pain Management Center
University Medical Center
Horizon Medical Center
Middle TN Mental Health Institute
Kindred Hospital
Baptist Women's Health Center, LLC d/b/a The Center for Spinal Surgery

License & Registrations

State	License #	Issue Date
TN	21291	February 13, 1991
KY	36851	November 6, 2001
AL	SP.23	November 29, 2007
CO	45081	October 6, 2006
WA	00047255	October 26, 2006

Specialties

American Board of Radiology Radiology, Diagnostic December 1987

Society Memberships

American College of Radiology
Radiological Society of North America
American Medical Association
Medical Association of Tennessee

Publications

MRI in the Diagnosis of Lesions of the Head and Neck November 1989

Paul C. Nau, M.D.

Home Address 9101 Brentmeade Blvd
Brentwood, TN 37027-8525
(615) 373-2178
otternau@comcast.net

Business Office Advanced Diagnostic Imaging, PC
3024 Business Park Circle
Goodlettsville, TN 37072
Phone (615) 851-8033; Fax (615) 851-2018

Education	Institution	Dates	Degree
	Bellarmine College	1973-1976	BA
	University of Louisville Medical School	1976-1980	M.D.
	University of Louisville, School of Medicine	1980-1983	Radiology, Diagnostic
	Saint Louis University Hospitals	1983-1984	CT/Ultrasound
	Vanderbilt University Medical Center	1992-1993	Neuroradiology

Work Experience	Position	Dates
	Advanced Diagnostic Imaging, PC, Radiologist	July 1, 1988 to present
	NOL, LLC d/b/a Premier Radiology, Radiologist	July 1, 1988 to present
	Medical Center at Bowling Green, KY, Radiologist	June 1, 1984 – June 30, 1988

Facility Affiliations

- Williamson Medical Center
- Skyline Medical Center
- Hendersonville Medical Center
- RADS of America, LLC d/b/a Premier Radiology Pain Management Center
- University Medical Center
- Horizon Medical Center
- Middle TN Mental Health Institute
- Kindred Hospital
- Baptist Women's Health Center, LLC d/b/a The Center for Spinal Surgery

License & Registrations

State	License #	Issue Date
TN	19295	November 1, 1988
KY	21615	August 6, 1981
AL	SP.16	October 24, 2007
CO	45589	April 24, 2007
WA	00047626	November 14, 2006

Board Certification

American Board of Radiology	Radiology, Diagnostic	June 1984
-----------------------------	-----------------------	-----------

Society Memberships

- American College of Radiology
- Radiological Society of North America
- American Society of Neuroradiology Senior Member
- American Roentgen Ray Society
- International Spine Intervention Society

Curriculum Vitae

Personal

Name: Marc Gregory Soble, M.D.
 Address: 9610 Lineberger Court
 Brentwood, TN 37027
 Home Phone: (615) 776-7327
 Cell Phone: (615) 653-1023
 Email: mlgi89@comcast.net
 Date of Birth: November 6, 1958
 Place of Birth: Bryn Mawr, Pennsylvania
 Marital Status: Married

Present Position:

12/02-Present Partner, Advanced Diagnostic Imaging
 3024 Business Park Circle
 Goodlettsville, Tn.

12/02- Present Partner, Premier Radiology
 Nashville, Tn.

Previous Positions:

8/01-12/02 Chief Radiologist-Wellscreen Screening CT
 Centers-Baltimore, Md.
 7/91-12/02 Partner- Quantum Imaging and Therapeutic
 Associates- Lewisberry, Pa.
 1/97-12/01 Director and Secretary- Board of Directors-
 Quantum Imaging and Therapeutic Associates-
 Lewisberry, Pa.
 6/05- 7/07 Chief of Radiology, Skyline Medical Center
 3441 Dickerson Pike- Nashville, TN

Prior Post Graduate Education

Fellowship 7/90-6/91 CT/US/MRI
 University of Michigan
 Department of Radiology

University of Michigan Medical Center
University Hospital
1500 E. Medical Center Drive
Ann Arbor, MI 48109
(313) 935-4491

Residency 7/86-6/90

Diagnostic Radiology
Bridgeport Hospital
Department of Radiology
267 Grant Street/Box 50000
Bridgeport, CT 06610
(203) 384-3169

Internship 7/85-6/86

Internal Medicine
St. Vincent Hospital
Worcester, MA

Education

Medical School 8/81-5/85

Georgetown University M.D.

Undergraduate 9/77-5/79
9/80-5/81

Lafayette College
B.A. Chemistry
Cum Laude
Freshman Chemistry Achievement Award

8/79-5/80

Georgetown University
Visiting Student

Research Positions

7/79-8/80

National Institute of Mental Health

Assisted with development of radioimmunoassay of endogenous opioids in human plasma.

Assisted with investigation of relationship of endogenous plasma levels to psychiatric illness.

Original Research: Investigation of relationship of endogenous opioid plasma levels to acute ethanol intoxication.

Medical License

TN 11/02 - Present
KY 11/03 - Present
ME 12/06 - Present

ID 01/07 - Present
GA 02/07 - Present
AL 10/07 - Present

Specialty Certification

Certified by American Board of Radiology-6/90
Radiology Written Examination 10/89 (Physics 92%/ Diagnostic 80%)

Society Memberships

RSNA
ACR
SCCT

Publications and Research

Soble, M., Kaye, A., Guay, R. Rotator Cuff Tear: Clinical Experience with Sonographic Detection. Radiology 1989; 173: 319-321.

Cardi, P., Soble, M., Heller, C. Atypical Presentation of Testicular Carcinoma. AJR 1988;151; 200.

Naber, D., Soble, M., Pickar, D. Ethanol Increases Opioid Activity in Normal Volunteers. Pharmacopsychiatry 1981;1:160-191.

Naber, D., Pickar, D., Dione, B., Bowie, D., Ewels, B., Moody, S., Soble, M., Pert, C. Assay of Endogenous Opiate Receptor Ligands in Human CSF and Plasma. Sub. Abh. Actions/Misuse. 1980;1; 83-91.

Oral Presentation

Sonographic Detection of Rotator Cuff Tear: Clinical Experience. RSNA, 11/88, Chicago, IL.

Sonographic Examination of Rotator Cuff. Bridgeport Hospital Scientific Symposium, 3/89, Bridgeport, CT.

Patents

Device to Aid in Interpretation Mammograms-utility patent 7/99.

Skills

General Radiology (CT/US)
MRI (Neuro/MSK/Body/Breast)
Mammography
PET
Computed Tomography Angiography (CTA)
Level II- Cardiac CCTA October 2007

CURRICULUM VITAE

NAME: James Centre King III, M.D.

ADDRESS:

Residence: 4004 Iroquois Avenue
Nashville, TN 37205
Phone: (615) 665-7071

Business: Advanced Diagnostic Imaging
3024 Business Park Circle
Goodlettsville, TN 37072

PERSONAL INFORMATION:

Birthplace and Date: Nashville, Tennessee
December 29, 1960

Citizenship: United States of America

Marital Status: Married

EDUCATION:

Vanderbilt University 1979-1983
Nashville, Tennessee
B.A. Molecular Biology
(summa cum laude)

Vanderbilt University 1983-1987
School of Medicine
Nashville, Tennessee
M.D.

2011 DEC 15 PM 3: 54

James C. King III, M.D.
Curriculum Vitae
Page 2

POSTDOCTORAL TRAINING:

<i>Residency:</i>	Vanderbilt University School of Medicine Nashville, Tennessee (Internal Medicine)	1987-1988
	Vanderbilt University School of Medicine Nashville, Tennessee (Diagnostic Radiology)	1988-1992
	Chief Resident	1991-1992
<i>Fellowship:</i>	Bowman Gray School of Medicine Winston-Salem, North Carolina (Neuroradiology)	1992-1994

UNIFORMED SERVICE:

Tennessee Air National Guard Flight surgeon, 118th Tactical Hospital Highest Rank Attained: Major	1988-1993
Honor graduate U.S.A.F. Aerospace Medicine Primary Course	1990

CERTIFICATION:

American Board of Radiology	June 1992
National Board of Medical Examiners	July 1988
Certificate of Added Qualification Neuroradiology	1995 - 2005 2007 - 2017

PROFESSIONAL LICENSURE: Tennessee (#MD019019)

7/8/1988 -- present

Kentucky (#27053)

2/15/1990 -- present

James C. King III, M.D.
Curriculum Vitae
Page 3

Colorado (DR-44823)	7/6/2006 - present
Washington (MD00046988)	8/11/2006 - present
Georgia (058976)	2/2/2007 - present
Idaho (M9784)	1/2/2007 - present
Maine (017311)	12/6/2006 - present
Louisiana	3/17/2008 - present
Alabama	11/28/2007 - present
Arkansas	Pending
North Carolina (35947)	9/19/92 - 7/20/95

EMPLOYMENT:

Radiologist	1994 - present
Executive Committee Member	2000 - present
Advanced Diagnostic Imaging, PC	
Goodlettsville, Tennessee	

PROFESSIONAL MEMBERSHIPS:

Radiological Society of North America	1992 - present
American College of Radiology	1992 - present
American Roentgen Ray Society	1992 - present
American Society of Neuroradiology (Senior member)	1994 - present
Middle Tennessee Radiological Society President, May 1998 - April 1999	1994 - 2000

GRANTS:

Berlex Laboratories
February 1, 1993 - June 30, 1994
\$36,576
Subinvestigator

James C. King III, M.D.
Curriculum Vitae
Page 4

"The Evaluation of the Safety and Efficacy of Intravenous Gadopentetate Dimeglumine at 0.3 mmol/kg Body Weight in Adult Patients with Known Primary Carcinoma Who Have a Definite or Suspected Metastatic Lesion(s) of the Central Nervous System."

James C. King III, M.D.
Curriculum Vitae
Page 5

LECTURES, SPEECHES & PRESENTATIONS:

1. King JC, Mathews VP, Williams DW, Ginsberg LE, Keyes JW Jr, Greven KM. CT and PET features of large metastatic lymph nodes of the neck. Presented at the 31st Annual Meeting of the American Society of Neuroradiology, Vancouver, British Columbia, May 16, 1993.
2. King JC. Imaging evaluation of cerebral ischemia. Presented to the North Carolina Society of Radiologic Technologists, High Point, North Carolina, September 18, 1993.
3. King JC, Mathews VP, Elster AD, Hamilton CA, Strottmann JM. Cranial MR imaging using magnetization transfer contrast: appearance of normal structures before and after gadolinium. Presented at the 79th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, December 1, 1993.
4. Mathews VP, King JC, Elster AD, Hamilton CA, Strottmann JM. Magnetization transfer and high-dose gadolinium in MR of acute cerebral infarction. Presented by VP Mathews at the 79th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, December 2, 1993.
5. Ginsberg LE, Stump DA, King JC, Deal DD, Moody DM. In vitro sonographic air emboli detection: glass versus plastic syringes and implications for neuroangiography. Presented by LE Ginsberg at the 79th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, December 1, 1993.
6. Ulmer JL, Elster AD, Mathews VP, King JC. The "wide canal sign": evaluation of a method for distinguishing degenerative and isthmic spondylolisthesis on sagittal MR images. Presented by JL Ulmer at the annual meeting of the American Roentgen Ray Society, New Orleans, Louisiana, April 24 - 29, 1994.
7. Mathews VP, Ulmer JL, Hamilton CA, King JC, Reboussin DM, Elster AD. Combined effects of magnetization transfer and gadolinium on intracranial MR angiography. Presented by VP Mathews at the 32nd Annual Meeting of the American Society of Neuroradiology, Nashville, Tennessee, May 3 - 7, 1994.

James C. King III, M.D.
Curriculum Vitae
Page 6

LECTURES, SPEECHES & PRESENTATIONS (continued):

8. Mathews VP, Ulmer JL, Hamilton CA, Reboussin DM, King JC, Elster AD. Intracranial vessel visualization with MR angiography: synergism of magnetization transfer and gadolinium. Presented by VP Mathews at the 80th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, November 27 - December 2, 1994.
9. McLean FM, Mathews VP, King JC, Moody DM. Bilateral hemispheric enhancement of MR after seizure. Presented by FM McLean at the 80th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, November 27 - December 2, 1994.
10. Ulmer JL, Mathews VP, Elster AD, King JC. Lumbar spondylolysis: ancillary observations on MR imaging. Presented by JL Ulmer at the 80th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, November 27 - December 2, 1994.
11. Ulmer JL, Mathews VP, Elster AD, King JC. Lumbar spondylolysis without spondylolisthesis: recognition of isolated posterior element subluxation on sagittal MR imaging. Presented by JL Ulmer at the 80th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, November 27 - December 2, 1994.
12. King JC. Imaging manifestations of stroke. Presented by JC King at the Nashville Memorial Hospital Brain Attack Seminar, Nashville, Tennessee April 29, 1995.

James C. King III, M.D.
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SCIENTIFIC EXHIBITS:

1. Holbrook JT, King JC, Creasy J, Kessler R, Kerner T. Perspective coronal view of the base of the skull and temporal bone. The 76th Scientific Assembly of the Radiological Society of North America, November 24 - 30, 1990.
2. Holbrook JT, King JC, Creasy J, Kessler R, Wood R. Perspective coronal CT and MR view of the base of the skull and temporal bone. The 77th Scientific Assembly of the Radiological Society of North America, December 1 - 6, 1991.
3. Mathews VP, King JC, Elster AD, Ulmer JL, Hamilton CA. Combined effects of magnetization transfer and gadolinium in MR imaging. The 79th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Illinois, November 28 - December 3, 1993.
Received the Cum Laude Award.
4. Mathews VP, King JC, Elster AD, Ulmer JL, Hamilton CA. Combined effects of magnetization transfer and gadolinium in MR imaging. The annual meeting of the American Roentgen Ray Society, New Orleans, Louisiana, April 24 - 29, 1994.
Received Gold Medal Award as the best scientific exhibit.
5. Mathews VP, King JC, Elster AD, Ulmer JL, Hamilton CA. Combined effects of magnetization transfer and gadolinium in MR imaging. The 32nd Annual Meeting of the American Society of Neuroradiology, Nashville, Tennessee, May 3 - 7, 1994.
Received the Summa Cum Laude Award.
6. McLean FM, Mathews VP, King JC. Bilateral hemispheric blood-brain barrier breakdown on enhanced MR after seizure. The 32nd Annual Meeting of the American Society of Neuroradiology, Nashville, Tennessee, May 1994.

James C. King III, M.D.
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BIBLIOGRAPHY

Journal Articles:

1. Carroll FE, Parker RE, Loyd JE, Holburn GE, King JC, Roos CF, Erikson J. Inexpensive, air-driven ventricular assist or replacement device for use in MR research. *Invest Radiol* 1990; 25:579-582.
2. Kwon TK, King JC, Jeanty J. Acrania: review of 14 cases. *The Fetus* 1991; 1(1).
3. Elster AD, King JC, Mathews VP, Hamilton CA, Strottmann JM. Cranial MR imaging with magnetization transfer contrast: appearance of normal structures before and after administration of gadolinium. *Radiology* 1993; 189(P):241
4. Mathews VP, King JC, Elster AD, Hamilton CA. Cerebral infarction: effects of dose and magnetization transfer saturation at gadolinium-enhanced MR imaging. *Radiology* 1994; 190:547-552.
5. Elster AD, King JC, Mathews VP, Hamilton CA. Cranial tissues: appearance at gadolinium-enhanced and nonenhanced MR imaging with magnetization transfer contrast. *Radiology* 1994; 190:541-546.
6. Elster AD, Mathews VP, King JC, Hamilton CA. Improved detection of gadolinium enhancement using magnetization transfer imaging. *Neuroimaging Clinics of North America* 1994; 4(1):185-192.
7. Ginsberg LE, Stump DA, King JC, Deal DD, Moody DM. Air embolus risk with glass versus plastic syringes: in vitro study and implications for neuroangiography. *Radiology* 1994; 191:813-816.
8. Ulmer JL, Elster AD, Mathews VP, King JC. The "wide canal sign": evaluation of a method for distinguishing degenerative and isthmic spondylolisthesis on sagittal MR images. *AJR* (in press).

2011 DEC 15 PM 3: 54

James C. King III, M.D.
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Abstracts:

1. **King JC, Mathews VP, Williams DW, Ginsberg LE, Keyes JW Jr, Greven KM.** CT and PET features of large metastatic lymph nodes of the neck. Proceedings of the 31st Annual Meeting of the American Society of Neuroradiology, Vancouver, 1993 May 16-20:52.
2. **King JC, Mathews VP, Elster AD, Hamilton CA, Strottmann JM.** Cranial MR imaging with magnetization transfer contrast: appearance of normal structures before and after administration of gadolinium. Radiology 1993; 189(P)(Suppl): 241.
3. **Mathews VP, King JC, Elster AD, Hamilton CA, Strottmann JM.** Combined effects of magnetization transfer and gadolinium in MR imaging. Radiology 1993; 189(P)(Suppl):394.
4. **Mathews VP, King JC, Elster AD, Hamilton CA, Strottmann JM.** Magnetization transfer and high-dose gadolinium in MR imaging of acute cerebral infarction. Radiology 1993; 189(P)(Suppl):294.
5. **Ginsberg LE, Stump DA, King JC, Deal DD, Moody DM.** In vitro sonographic air emboli detection: glass versus plastic syringes and implications for neuroangiography. Radiology 1993; 189(P)(Suppl):248.

COMMITTEES:

Member, Credentials Committee, Summit Medical Center	May 1996 - April 1997
Chairman, Credentials Committee, Summit Medical Center	May 1997 - April 1998
Chairman, Department of Radiology, Summit Medical Center	May 1998 - April 1999
Executive Committee, Advanced Diagnostic Imaging, P.C.	January 2000 - 2006

Curriculum Vitae

Himmelfarb, Elliot H (MD)

PERSONAL DATA

Date of Birth	11/20/1942 Brooklyn, NY
Marital Status	Married
Citizenship	USA
Social Security #	069-34-2255
Residence	802 Franklin Rd Brentwood, TN 37027
Primary Office	Advanced Diagnostic Imaging, PC 3024 Business Park Circle Goodlettsville, TN 37072
Telephone Numbers	(615)370-3605 (Home) (615)851-6033 (615)851-2018
Federal Tax ID	62-0874165
UPIN	B02860
NPI	1710932017

EDUCATION

Undergraduate Rensselaer Polytechnic Institute Troy, NY	09/01/1959 - 06/30/1962
Medical State University of New York Brooklyn, NY MD Summa Cum Laude	09/01/1962 - 06/30/1966
Internship: Veterans Administration Hospital Brooklyn, NY	07/01/1966 - 06/30/1967
Residency: Kings County Hospital Brooklyn, NY	07/01/1967 - 06/30/1969
Residency: General Brooklyn Cumberland Medical Center Brooklyn, NY	07/01/1969 - 06/30/1970
Teaching Appointments: Instructor, Radiology - 7/1/70 to 6/30/71 State University of New York Brooklyn, NY	07/01/1970 - 06/30/1971

Teaching Appointments: Asst Rad Prof - 8/1/73 to 6/30/74
 State University of New York
 Brooklyn, NY

07/01/1970 - 12/31/1971

Teaching Appointments: Instructor, Radiology 7/1/70 to 6/30/71
 Kings County Hospital
 Brooklyn, NY

07/01/1970 - 06/30/1971

MILITARY EXPERIENCE

US Navy

LT Commander

EMPLOYMENT HISTORY

Advanced Diagnostic Imaging, PC
 3024 Business Park Circle
 Goodlettsville, TN 37072

10/01/2003 - Present

NOL, LLC d/b/a Premier Radiology
 28 White Bridge Rd Suite 111
 Nashville, TN 37205

10/01/2003 - Present

Elliot H. Himmelfarb, MD

09/01/1976 - 09/30/2003

1234 West Main Street PO Box 681708
 Franklin, TN 370681709

Le Bonheur Children's Hospital

03/01/1975 - 10/01/1976

50 North Dunlap Street
 Memphis, TN 38103

City of Memphis Hospital; John Gaston Hospital; now known as "The Med" Regional Medical Center
 877 Jefferson Avenue
 Memphis, TN 38103

08/01/1973 - 10/01/1976

Veterans Administration Medical Center
 1030 Jefferson Avenue
 Memphis, TN 38104

08/01/1973 - 10/01/1976

Nassau University (County) Medical Center
 2201 Hempstead Turnpike
 East Meadow, NY 11554

01/01/1973 - 08/01/1973

Long Beach Memorial Hospital
 455 E Bay Drive
 Long Beach, NY 11561

11/01/1971 - 08/01/1973

South Shore Hospital (used to be St. Johns Episcopal)
 327 Beach 19th Street
 Rockaway, NY 11691

11/01/1971 - 08/01/1973

HOSPITAL AFFILIATIONS

Affiliate
 Skyline Medical Center
 Nashville, TN

03/15/2011 - Present

Active
 Williamson Medical Center

10/15/1976 - Present

Franklin, TN		
Provisional Williamson Surgery Center Franklin, TN	11/17/2009	- Present
Provisional Consulting Hickman Community Hospital Centerville, TN	03/06/2011	- Present
Provisional Hendersonville Medical Center Hendersonville, TN	02/08/2011	- Present
Associate Horizon Medical Center Dickson, TN	01/27/2011	- Present
Provisional Courtesy University Medical Center Lebanon, TN	10/14/2010	- Present

MEDICAL LICENSURE

TN	8191	07/09/1973	- Present
CA	G20172	04/07/1971	- Present
MS	6828	07/09/1971	- Present
NY	099241	07/14/1967	- 12/31/1988

DEA INFORMATION

Federal	AH5631800	09/23/2009	- Present
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SPECIALTIESBoard Certified

American Board of Radiology	Radiology	06/12/1971	- Present
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ASSOCIATIONS & AFFILIATIONS

AMA	Member	08/01/1973
Tennessee Medical Association	Member	08/01/1973
ACR	Member	

PUBLICATIONS**Article**

- Sonographic Diagnosis of Seminal Vesical Cysts 03/01/1986
- Ence Arthrography 01/01/1979
- Radiologic Evaluation of Treatment of Advanced Carcinoma of the Prostate 03/01/1978
- The Radiologic Spectrum of Cardiopulmonary Amyloidosis Chest 09/01/1977

- Right Colon Adhesions Radiology 07/01/1976
- Pathology Correlative Study of Neovascularity 01/01/1976
- New Thoughts Concerning Xanthogranulomatous Pyelonephritis 09/01/1975
- Myelographic Appearance of Meningeal Vascular Lymphoma Involving Cauda Equina 06/01/1975
- Roentgen Features of the Askey-Upmark Kidney 12/01/1974
- Unusual Roentgen Presentations of Multiple Myeloma 12/01/1974
- Unusual Bony Manifestations of Lymphoproliferative Disorder 09/01/1974
- Reduction of Inguinal Hernia "En Masse" 06/01/1974
- The Roentgen Features of Renal Carbuncle 12/01/1972
- Portacaval Shunt with Arterialization of the Hepatic Portion of the Portal Vein 10/01/1972
- Post Traumatic Bronchopulmonary Fistula 09/01/1972
- Renal Pelvic Carcinoma - An Angiographic reevaluation 01/01/1972
- Measurement of Streaming Potentials of Mammalian Blood Vessels 01/01/1966
- Tennessee Medical Association X-ray of the Mouth
- The Whirl Sign: A CT finding in Volvulus of the Large Bowel

Speech

- Studies of Streaming Potentials in Large Mammalian Blood Vessels in Vivo 01/01/1965

Michael C. Cian, M.D. 2011 DEC 15 PM 3: 54

Home Address 111 Westhampton Place
Nashville, TN 37205
(615) 298-9714
cianmc@comcast.net

Business Office Advanced Diagnostic Imaging, PC
3024 Business Park Circle
Goodlettsville, TN 37072
Phone (615) 851-8033; Fax (615) 851-2018

Education

Institution	Dates	Degree
Queens University	1986-1991	Bachelor of Science
New York Medical College	1992-1996	M.D.
Vanderbilt University	1996-2000	Diagnostic Radiology
UNC at Chapel Hill	2000-2001	Musculoskeletal Radiology

Academic Honors and Awards

Diagnostic Radiology Oral Boards, May 17, 2000 - Passed
Diagnostic Radiology Written Boards, September 16/17 1999 - Passed
percentile rank 80%
Diagnostic Radiology Physics Boards, September 17, 1999
percentile rank 99%

Work Experience

Advanced Diagnostic Imaging, Musculoskeletal Radiologist, June 20, 2001
to present
NOL, LLC d/b/a Premier Radiology, Musculoskeletal Radiologist, June 20, 2001
to present; Director of Hermitage Imaging Center location.

Facility Affiliations

Skyline Medical Center
Hendersonville Medical Center
Williamson County Medical Center
RADS of America, LLC d/b/a Premier Radiology Pain Management Center
University Medical Center
Horizon Medical Center
Middle TN Mental Health Institute
Kindred Hospital
Baptist Women's Health Center, LLC d/b/a The Center for Spinal Surgery

License & Registrations

State	License #	Issue Date
TN	30481	June 19, 1998
KY	36881	December 13, 2001
AL	28456	October 29, 2007
CO	45289	February 1, 2007
WA	00047287	November 8, 2006
GA	85095	September 2, 2010

Specialties American Board of Radiology Radiology, Diagnostic May 2000

Society Memberships

American College of Radiology
Society of Skeletal Radiology
Radiological Society of North America
American Medical Association
American Journal of Radiology

CURRICULUM VITAE

MICHAEL J. LEVITT, MD

ADDRESS: 6401 Worchester Drive
Nashville, Tennessee 37221-3709

BUSINESS ADDRESS: 28 White Bridge Rd
Suite 110
Nashville, TN 37205

HOSPITAL ADDRESS: Nashville Memorial Hospital
612 West Due West Avenue
Madison, TN 37115

TELEPHONE: (home) (615)377-3368
(office) (615)356-1123
(hospital) (615)865-3463

CERTIFICATION and LICENSURE:

Diplomate, National Board of Medical Examiners, July 1987

Board Certified in Diagnostic Radiology, June 1981

Licensed in Kentucky, Tennessee and Georgia (inactive)

EDUCATION: MD Emory University School of Medicine, 1977
B.S. Emory University, 1973

INTERNSHIP and RESIDENCY:

Internship, Radiology Categorical Diversified,
Grady Memorial Hospital, Atlanta, Georgia, 1977-1978

Diagnostic Radiology Residency, Emory University
Affiliated Hospitals, Atlanta, Georgia, 1978-1981

Chief Resident, Diagnostic Radiology, Emory University
Affiliated Hospitals, Atlanta, Georgia, 1980-1981

Fellowship, Interventional Radiology, Emory University
Affiliated Hospitals 1981-1982

Fellowship, Neuroradiology, Vanderbilt University
Medical Center 1991-1992

PRACTICE EXPERIENCE: Active Staff, Nashville Memorial Hospital, Madison,
Tennessee 3/1991-present

Park View Medical Center, Nashville, Tennessee, active
staff 11/11/1982-3/1991

West Side Hospital, Nashville, Tennessee, active staff
11/11/1982-3/1988

Tennessee Christian Medical Center, Madison, Tennessee
active staff 11/11/1982-3/1991

Highland Hospital, Portland, Tennessee, active staff
1/1/1986-12/31/1987

Private CT office, Prestonsburg, Kentucky, locum tenens
for KRON, Inc. 9/1982

Griffin - Spalding Hospital, Griffin, Georgia, locum
tenens 8/1982

Tanner Memorial Hospital, Carrollton, Georgia, locum
Tenens 7/1982

Piedmont Hospital, Atlanta, Georgia, courtesy staff
1981-1982

Parkway Regional Hospital, Lithia Springs, Georgia,
courtesy staff 1981-1982

Union County Hospital, Blairsville, Georgia, locum
tenens 1981

MEMBERSHIPS:

American College of Radiology
Tennessee Medical Association
Davidson County Medical Society
Nashville Academy of Medicine
Radiological Society of North America

Personal and Professional references furnished upon request.

Curriculum Vitae

Joe M MacCurdy Jr, MD

PERSONAL DATA

Date of Birth	05/11/1964 Baton Rouge, LA
Marital Status	Married
Citizenship	USA
Residence	211 Gun Club Rd Nashville, TN 37205
Primary Office	Advanced Diagnostic Imaging 3024 Business Park Circle Goodlettsville, TN 37072
Telephone Numbers	(615) 356-2555(Home) (615) 851-6033(Office) (615) 851-2018(Fax)
UPIN	F34128

EDUCATION

Undergraduate

Rhodes College Memphis, TN BS	08/31/1982 - 05/31/1986
-------------------------------------	-------------------------

Medical School Louisiana State University, School of Medicine New Orleans, LA MD	08/31/1986 - 05/05/1990
--	-------------------------

Internship Bowman Gray School of Medicine Winston-Salem, NC	07/01/1990 - 06/30/1991 Internal Medicine
--	--

Residency Medical College of Georgia Augusta, GA	07/01/1991 - 06/30/1995 Radiology, Diagnostic
---	--

Fellowship University of Pittsburgh Medical Center Pittsburgh, PA	07/01/1995 - 06/30/1996 Radiology, Interventional
--	--

EMPLOYMENT HISTORY

Advanced Diagnostic Imaging 3024 Business Park Circle Goodlettsville, TN 37072	07/08/1996 - Present
Premier Radiology 28 White Bridge Rd Suite 111 Nashville, TN 37205	07/08/1996 - Present
Medical College of Georgia 1120 15th Street Augusta, GA 30912	07/01/1991 - 06/30/1995
North Carolina Baptist Hospital Medical Center Blvd Winston-Salem, NC 25157	06/01/1990 - 06/30/1991

SPECIALTIES

Board Certified

American Board of Radiology	Radiology, Diagnostic	06/07/1995 -
-----------------------------	-----------------------	--------------

ASSOCIATIONS & AFFILIATIONS

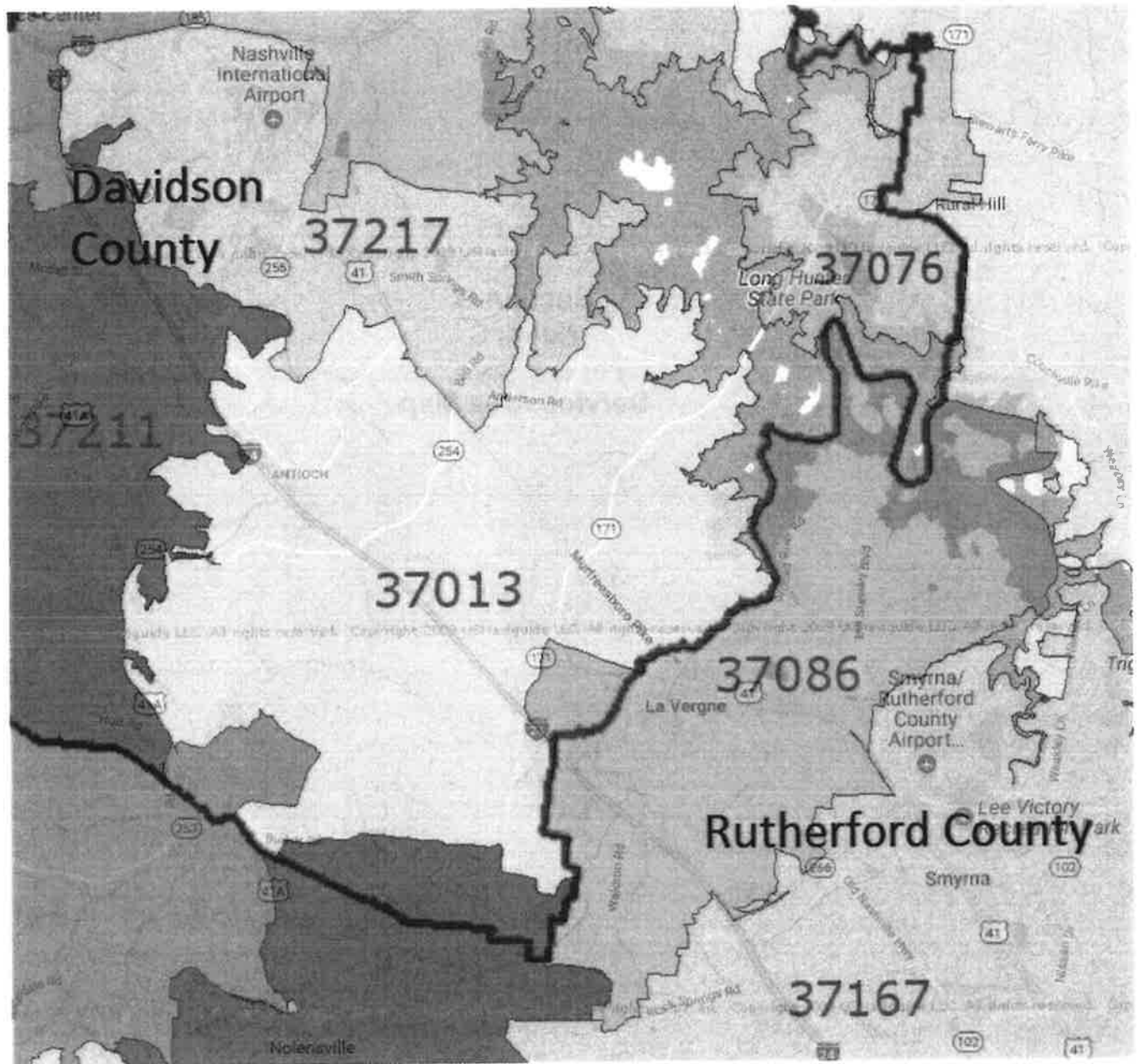
Society of Cardiovascular and Interventional Radiology	Member	01/01/1996 -
American College of Radiology	Member	01/01/1995 -
American Roentgen Ray Society	Member	01/01/1991 -
RSNA	Member	01/01/1991 -

Tab 13

**Section B
Need, C**

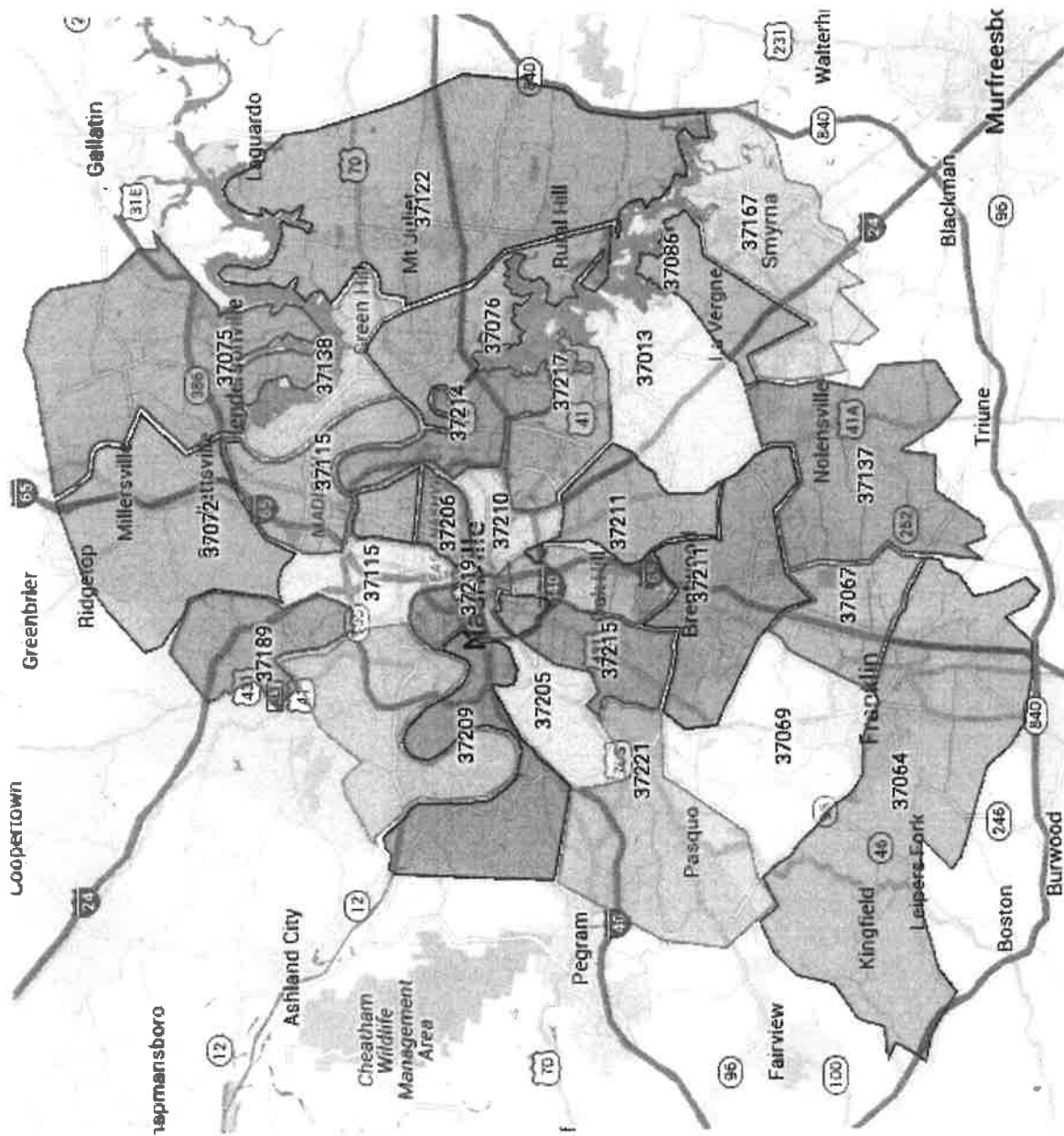
Service Area Map

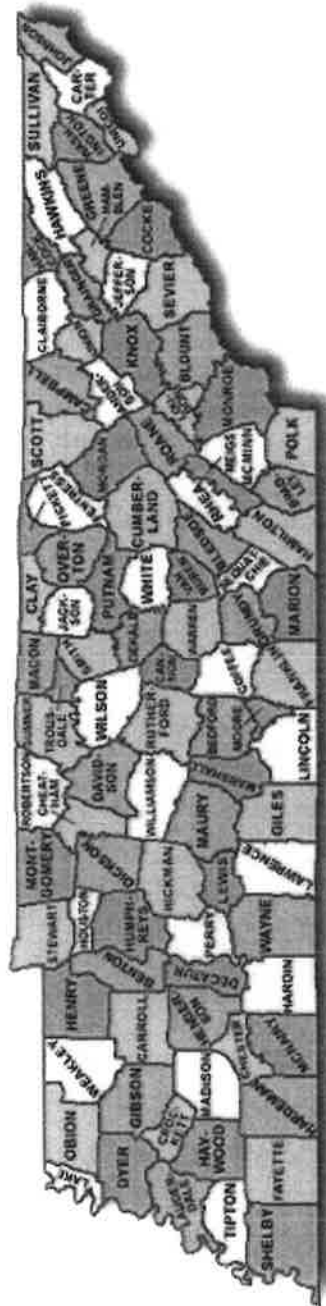
Service Area by County and Zip Code



Service Area consists of three zip codes as shown in the map above:

- 37013 Antioch in Davidson County
- 37217 Nashboro Village/Smith Springs in Davidson County, and
- 37086 La Vergne in Rutherford County





Tab 16

**Section B
Economic Feasibility, A(5)**

Construction Costs Verification Letter



**SOLOMON
BUILDERS**

Wil Watkins
Solomon Builders
4539 Trousdale Drive
Nashville, TN 37204

May 16, 2018

Mr. Michael Moreland
Premier Radiology
28 White Bridge Rd.
Nashville, TN 37205

RE: Premier Radiology Antioch, TN

Mr. Moreland,

Thank you for the opportunity to review your preliminary plans for the proposed Premier Radiology location in Antioch, TN. Based on our previous experience with this type of construction our typical construction costs for a new imaging suite in an existing building will be in the range of \$185-\$215 per square foot depending on final finishes and site specific issues.

The Proposed 2,748 sf space will consist of a MRI, CT, Mammo, X-ray, & Ultrasound as well as the required support spaces. We have also verified that the required imaging equipment can be safely brought onto the site and into the proposed suite. Based on what we have seen, we estimate that the buildout of the new imaging suite will cost roughly \$200.00/sf for a total cost of \$549,600.00.

This pricing is based on adhering to all State and Local codes as well as installation as dictated by manufacturer's specifications, the Architect's instructions, and the currently adopted AIA Guidelines for Design and Construction of Hospital and Health Care Facilities.

Please feel free to contact me if I can further assist you in any way.

Sincerely,

Wil Watkins
Solomon Builders, Inc.

Tab 17

**Section B
Economic Feasibility, B(5)**

Verification of Funding



150 3rd Avenue South
Ste 900
Nashville, TN 37201

May 25, 2018

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
502 Deaderick Street
Andrew Jackson Bldg., 9th Floor
Nashville, Tennessee 37243

RE: Middle Tennessee Imaging's CON Licensure Request to establish an Outpatient Diagnostic Center (ODC) in Antioch

Dear Ms. Hill:

Middle Tennessee Imaging, LLC (d/b/a Premier Radiology) has sufficient available credit to fund all costs required for the development and establishment of the project as set forth in the certificate of need application. The funding needed for Administrative, Architectural, Engineering, Construction, Equipment, and Furniture costs appears to be approximately \$1,780,301.44 and will be provided by Pinnacle Financial Partners under a line of credit that matures on August 30, 2024. The interest rate is LIBOR + 2.75%.

If you need additional information, please feel free to contact me. My number is 615-744-2903.

Sincerely,

A handwritten signature in black ink, appearing to read "Kent Cleaver". The signature is stylized with a large, sweeping initial "K".

Kent Cleaver
Senior Lending Officer, Pinnacle Bank

Tab 18

**Section B
Economic Feasibility, F(1)**

Audited Financial Statements

**MIDDLE TENNESSEE IMAGING, LLC
AND SUBSIDIARIES**

CONSOLIDATED FINANCIAL STATEMENTS

December 31, 2016 and 2015

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES**TABLE OF CONTENTS**

Independent Auditor's Report.....	1 – 2
Consolidated Financial Statements:	
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Consolidated Statements of Operations.....	4
Consolidated Statements of Members' Equity	5
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements.....	7 – 13



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors and Owners of
Middle Tennessee Imaging, LLC and Subsidiaries
Goodlettsville, Tennessee

We have audited the accompanying consolidated financial statements of Middle Tennessee Imaging, LLC (a limited liability corporation) and subsidiaries, which comprise the consolidated balance sheets as of December 31, 2016 and 2015, and the related consolidated statements of operations, members' equity and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Middle Tennessee Imaging, LLC and subsidiaries as of December 31, 2016 and 2015, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Frasier, Dean & Howard, PLLC

April 18, 2017

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
CONSOLIDATED BALANCE SHEETS
December 31, 2016 and 2015

	2016	2015
Assets		
Current assets:		
Cash and cash equivalents	\$ 2,346,932	\$ 3,914,116
Accounts receivable, net	8,079,671	5,515,805
Prepaid expenses	188,267	181,350
Other assets	10,640	80,333
Total current assets	10,625,510	9,691,604
Property and equipment, net	13,386,812	14,924,497
Goodwill	600,000	600,000
Total assets	<u>\$ 24,612,322</u>	<u>\$ 25,216,101</u>
Liabilities and Members' Equity		
Current liabilities:		
Accounts payable and accrued expenses	\$ 6,214,455	\$ 4,360,579
Notes payable	4,084,423	4,084,423
Total current liabilities	10,298,878	8,445,002
Notes payable, net of current portion	7,867,376	11,951,799
Total liabilities	18,166,254	20,396,801
Members' equity	6,446,068	4,819,300
Total liabilities and members' equity	<u>\$ 24,612,322</u>	<u>\$ 25,216,101</u>

See accompanying notes.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF OPERATIONS
Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Net revenue:		
Service fee revenue, net of contractual allowances and discounts	\$ 63,573,358	\$ 52,517,623
Provision for doubtful accounts	<u>(6,371,195)</u>	<u>(5,283,166)</u>
Net service fee revenue	57,202,163	47,234,457
Net earnings from STHS hospitals	531,369	416,248
Non-medical revenue:		
Rent revenue	102,899	90,899
Other	<u>469,629</u>	<u>618,489</u>
Net revenue	<u>58,306,060</u>	<u>48,360,093</u>
Operating expenses:		
Contracted services	18,895,947	14,731,072
Salaries and benefits	11,865,944	10,564,160
Supplies	5,171,788	3,978,566
Repairs and maintenance	3,924,876	3,726,413
Depreciation and amortization	3,550,273	3,733,484
Leases and rents	2,790,043	2,736,020
Other operating expenses	<u>2,487,568</u>	<u>2,189,803</u>
Total operating expenses	<u>48,686,439</u>	<u>41,659,518</u>
Income from operations	<u>9,619,621</u>	<u>6,700,575</u>
Other income (expense):		
Interest expense	(450,344)	(547,951)
Loss on disposal of property and equipment	<u>(40,737)</u>	<u>(528)</u>
Total other income (expense)	<u>(491,081)</u>	<u>(548,479)</u>
Net income before taxes	9,128,540	6,152,096
Provision for state income taxes	<u>(251,772)</u>	<u>(171,992)</u>
Net income	<u><u>\$ 8,876,768</u></u>	<u><u>\$ 5,980,104</u></u>

See accompanying notes.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF MEMBERS' EQUITY
Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Members' equity, beginning of year	\$ 4,819,300	\$ 4,089,196
Distributions	(7,250,000)	(5,250,000)
Net income	<u>8,876,768</u>	<u>5,980,104</u>
Members' equity, end of year	<u><u>\$ 6,446,068</u></u>	<u><u>\$ 4,819,300</u></u>

See accompanying notes.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from operating activities:		
Net income	\$ 8,876,768	\$ 5,980,104
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization	3,550,273	3,733,484
Loss on disposal of property and equipment	40,737	528
Provision for doubtful accounts	6,371,195	5,283,166
Changes in assets and liabilities:		
Accounts receivable	(8,935,061)	(4,096,033)
Prepaid expenses	(6,917)	(30,268)
Other assets	69,693	(740)
Accounts payable and accrued expenses	1,853,876	(1,102,669)
Net cash provided by operating activities	<u>11,820,564</u>	<u>9,767,572</u>
Cash flows from investing activities:		
Purchases of property and equipment	<u>(2,053,325)</u>	<u>(418,706)</u>
Net cash used in investing activities	<u>(2,053,325)</u>	<u>(418,706)</u>
Cash flows from financing activities:		
Payments on notes payable	(4,084,423)	(4,084,423)
Member distributions	<u>(7,250,000)</u>	<u>(5,250,000)</u>
Net cash used in financing activities	<u>(11,334,423)</u>	<u>(9,334,423)</u>
(Decrease) increase in cash and cash equivalents	(1,567,184)	14,443
Cash and cash equivalents, beginning of year	<u>3,914,116</u>	<u>3,899,673</u>
Cash and cash equivalents, end of year	<u>\$ 2,346,932</u>	<u>\$ 3,914,116</u>
Supplemental disclosures of cash flow information:		
Cash paid during the year for:		
Interest	<u>\$ 450,344</u>	<u>\$ 547,951</u>
Income taxes	<u>\$ 163,981</u>	<u>\$ 178,359</u>

See accompanying notes.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
December 31, 2016 and 2015

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Middle Tennessee Imaging, LLC (the “Company”) was formed in April 2011 and provides diagnostic imaging services including magnetic resonance imaging (MRI), computed tomography (CT), positron emission tomography (PET), mammography, ultrasound, diagnostic radiology, or X-ray, and other related procedures. The Company owns a membership interest in RADS of America, LLC, and Premier Mobile, LLC, single member limited liability companies. The Company operates 13 imaging centers in Middle Tennessee and one ambulatory surgery center. The Company operates as a limited liability company and its members have limited personal liability for the obligations or debts of the Company. Only one class of members’ interest exists and the entity’s life is not finite.

Principles of Consolidation

The consolidated financial statements at December 31, 2016 and 2015 include the accounts of the Company and its wholly-owned subsidiaries, RADS of America, LLC and Premier Mobile, LLC (“Premier Mobile”). Premier Mobile was formed in 2014 to acquire the membership interest of Mobile MRI Medical Services, LLC. All significant inter-entity transactions and balances have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenues

Patient revenues, net of contractual allowances and discounts, consist of net patient fees received from various payers based upon established contractual billing rates, less allowances for contractual adjustments and discounts.

Service fee revenues are recorded during the period the services are provided based upon the estimated amounts due from the patients and third-party payers. Third-party payers include federal and state agencies (under Medicare and Medicaid programs), managed care health plans, commercial insurance companies, and employers. Estimates of contractual allowances under managed care health plans are based upon the payment terms specified in the related contractual agreements. Contractual payment terms in managed care agreements are generally based upon predetermined rates per discounted fee-for-service rates. A provision for doubtful accounts (based primarily on historical collection experience) is also recorded related to patients without insurance and copayment and deductible amounts for patients who have health care coverage under a third-party payer.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenues (Continued)

The Company's service fee revenue, net of contractual allowances and discounts and the provision for doubtful accounts for the years ended December 31, 2016 and 2015 are summarized in the following table:

	<u>2016</u>	<u>2015</u>
Commercial insurance	\$ 43,809,414	\$ 29,493,319
Medicare	11,328,899	15,269,606
Medicaid	6,279,207	4,874,703
Workers' compensation	1,574,897	1,722,681
Other	<u>580,941</u>	<u>1,157,314</u>
Service fee revenue, net of contractual allowances and discounts	63,573,358	52,517,623
Provision for doubtful accounts	<u>(6,371,195)</u>	<u>(5,283,166)</u>
Net service fee revenue	<u>\$ 57,202,163</u>	<u>\$ 47,234,457</u>

Cash and Cash Equivalents

For the purpose of the consolidated statements of cash flows, cash includes cash and all highly liquid investments with original maturities of ninety days or less when purchased.

Accounts Receivable

Substantially all accounts receivable are due under fee-for-service contracts from third-party payers, such as insurance companies and government-sponsored healthcare programs, or directly from patients. Services are generally provided pursuant to one-year contracts with healthcare providers. Receivables are generally collected within industry norms for third-party payers. Collections from payers are continuously monitored and an allowance for uncollectible accounts is maintained based upon specific payer collection issues that have been identified and historical experience.

Provision for Doubtful Accounts

An allowance is provided against accounts receivable that could become uncollectible to reduce the carrying value of such receivables to their estimated net realizable value. This allowance is estimated based on the aging of accounts receivable by each type of payer over an 18-month look-back period and other relevant factors. The allowance for bad debts totaled \$2,666,749 and \$2,199,926 at December 31, 2016 and 2015, respectively.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and Equipment

Property and equipment are stated at cost less accumulated depreciation and amortization. Depreciation and amortization are provided by use of the straight-line method over the estimated useful lives of the assets, which range from 4 to 10 years. Leasehold improvements are depreciated over the shorter of the lease term or the estimated useful life of the asset. Maintenance and repairs are charged to expense as incurred.

Goodwill

Goodwill and intangible assets with indefinite useful lives are not amortized, but instead are tested for impairment at least annually at the reporting unit level. If impairment exists, a write-down to estimated fair value (normally measured by discounting estimated future cash flows) is recorded. No goodwill impairment charges were recorded in 2016 or 2015.

Income Taxes

The Company is treated as a partnership for federal income tax purposes and does not incur federal income taxes. Instead, its income or loss is included in the income tax returns of the members. The Company is subject to Tennessee franchise and excise taxes.

The Company follows Financial Accounting Standards Board Accounting Standards Codification guidance which clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements. This guidance prescribes a minimum probability threshold that a tax position must meet before a financial statement benefit is recognized. The minimum threshold is defined as a tax position that is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement. The Company has no tax penalties or interest reported in the accompanying consolidated financial statements.

Subsequent Events

The Company evaluated subsequent events through April 18, 2017, when these consolidated financial statements were available to be issued. Management is not aware of any significant events that occurred subsequent to the consolidated balance sheet date but prior to the filing of this report that would have a material impact on the consolidated financial statements.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 2 – PROPERTY AND EQUIPMENT

Property and equipment consist of the following at December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Land	\$ 967,099	\$ 967,099
Buildings	1,847,721	1,847,721
Leasehold improvements	9,536,880	9,476,526
Office furniture and equipment	693,883	676,004
Medical equipment	25,744,392	24,406,895
Computer equipment and software	1,829,035	1,679,184
Automobiles	<u>232,069</u>	<u>98,127</u>
	40,851,079	39,151,556
Less: accumulated depreciation	<u>(27,464,267)</u>	<u>(24,227,059)</u>
	<u>\$ 13,386,812</u>	<u>\$ 14,924,497</u>

Depreciation and amortization expense totaled \$3,550,273 and \$3,733,484 for the years ended December 31, 2016 and 2015, respectively.

NOTE 3 – NOTES PAYABLE

During 2012, the Company entered into a credit facility with a financial institution. The facility consists of the following at December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Line of credit allowing for maximum borrowings of \$3,000,000. The line matures in June 2019 and is secured by a deed of trust, the Company's assets, and a guaranty by RADS of America, LLC. Interest is payable monthly at a variable rate (3.40% at December 31, 2016). The loan agreement requires that the Company maintain a minimum fixed charge coverage ratio computed on a quarterly basis.	\$ 2,000,000	\$ 2,000,000
Note payable for purchase of property and equipment, payable in monthly principal plus interest installments of \$340,369. Interest is charged at a variable rate (3.40% at December 31, 2016). All unpaid principal and interest is due June 2019. The note is secured by a deed of trust, the Company's assets, and a guaranty by RADS of America, LLC.	<u>9,951,799</u>	<u>14,036,222</u>
Total notes payable	<u>\$ 11,951,799</u>	<u>\$ 16,036,222</u>

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 3 – NOTES PAYABLE (Continued)

Annual principal maturities of the facility are as follows at December 31, 2016:

Years Ending December 31:	
2017	\$ 4,084,423
2018	4,084,423
2019	<u>3,782,953</u>
	<u>\$ 11,951,799</u>

Total interest expense was \$450,344 and \$547,951 for the years ended December 31, 2016 and 2015, respectively.

NOTE 4 – LEASES

The Company has entered into numerous noncancelable operating lease agreements for various office and center facilities with lease terms expiring at various dates through the year 2023 as follows:

<u>Center</u>	<u>Lease Expiration Date</u>
Belle Meade	April 2021
Briarville	October 2021
Clarksville	September 2017
Cool Springs	March 2022
Hendersonville	February 2023
Hermitage	June 2019
Midtown	July 2018
Mt. Juliet	April 2020
Murfreesboro	October 2020
Nashville	December 2023
Smyrna	December 2023
St. Thomas West	July 2024

Rent expense under all operating leases for the years ended December 31, 2016 and 2015 totaled \$2,790,043 and \$2,736,020, respectively.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 4 – LEASES (Continued)

Minimum lease commitments are as follows at December 31, 2016:

Years Ending December 31:	
2017	\$ 2,406,564
2018	2,367,204
2019	1,969,320
2020	1,649,961
2021	876,743
Thereafter	<u>1,361,926</u>
	<u><u>\$ 10,631,718</u></u>

NOTE 5 – STATE INCOME TAXES

The provision for state income taxes consists of the following at December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Current	\$ 251,772	\$ 171,992
Deferred	<u>-</u>	<u>-</u>
	<u><u>\$ 251,772</u></u>	<u><u>\$ 171,992</u></u>

The provision for state income taxes differs from the computed amount at the applicable state statutory rate due primarily to income subject to self employment taxes being exempt from tax for Tennessee excise tax purposes.

Deferred state tax assets and liabilities are not significant at December 31, 2016 and 2015.

NOTE 6 – CONTRACTS AND AGREEMENTS

The Company has entered into a billing and management agreement with PhyData, LLC (a related party) whereby the Company pays PhyData, LLC an agreed upon percentage of collections. During the years ended December 31, 2016 and 2015, the Company recognized expense under this agreement totaling \$3,560,529 and \$2,961,661, respectively. Amounts payable to PhyData, LLC totaled \$601,251 and \$550,856 as of December 31, 2016 and 2015, respectively.

MIDDLE TENNESSEE IMAGING, LLC AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)
December 31, 2016 and 2015

NOTE 6 – CONTRACTS AND AGREEMENTS (Continued)

The Company has entered into a professional services agreement with Advanced Diagnostic Imaging, P.C. (a related party) and Midstate Radiology Inc. (a related party) to provide reading and interpretation services based on a percentage of collections. During the years ended December 31, 2016 and 2015, the Company recognized expense under this agreement totaling \$13,374,998 and \$10,219,491, respectively. Amounts payable to Advanced Diagnostic Imaging, P.C. and Midstate Radiology Inc. totaled \$2,982,865 and \$1,518,416 as of December 31, 2016 and 2015, respectively.

The Company has entered into an employee leasing agreement with NOL, LLC (a related party) to provide all employees for the Company. Under terms of the agreement, the Company reimburses NOL, LLC all costs associated with the applicable employees. During the years ended December 31, 2016 and 2015, the Company recognized expense under the agreement totaling \$11,576,267 and \$10,251,866, respectively. Amounts payable to NOL, LLC totaled \$505,184 and \$0 as of December 31, 2016 and 2015, respectively.

NOTE 7 – PROFIT SHARING PLAN

The Company has a combination profit sharing and 401(k) plan (the “Plan”), which covers all employees who are at least age 18 and have completed one year of service. The Plan provides for safe harbor, discretionary matching, and discretionary profit sharing contributions. For the years ended December 31, 2016 and 2015, the Company recognized related expenses totaling \$495,358 and \$495,347, respectively.

NOTE 8 – CHARITY CARE ASSISTANCE

The Company provides certain services to individuals who do not have insurance or other means to pay for the services received. These services represent charity care and are not reported as revenue. The cost of charity care provided by the Company during the years ended December 31, 2016 and 2015 was approximately \$1,365,000 and \$1,125,000, respectively.

NOTE 9 – CONCENTRATIONS

The Company maintains cash balances at financial institutions whose accounts are insured by the Federal Deposit Insurance Corporation up to statutory limits. As of December 31, 2016, the Company’s depository accounts exceeded such insurance limits by approximately \$2,600,000.

NOTE 10 – RISK OF LOSS

The Company is exposed to various risks of loss including medical malpractice, general liability, errors and omissions, and other situations. The Company purchases commercial insurance for the significant risks of loss. There have been no significant claims during the years ended December 31, 2016 and 2015.

Tab 18b

Section B

Economic Feasibility, F(1)

2017 Company Prepared Financials

Middle Tennessee Imaging, LLC
Income Statement

Period and Year to Date Compare to Last Year
For the Period from December 1, 2017 to December 31, 2017

	Current Period		Year to Date		Last Year to Date	
Revenue						
Global Patient Charges	22,908,670	555%	274,001,034	560%	227,776,996	520%
Reserve for Contractual Allowances	(16,494,300)	-400%	(196,854,618)	-402%	(162,838,382)	-372%
Reserve for Charity Care	(137,163)	-3%	(1,638,739)	-3%	(1,365,256)	-3%
Net Patient Revenue	6,277,206	152%	75,507,677	154%	63,573,358	145%
Physicians Services	(1,510,834)	-37%	(18,913,334)	-39%	(13,374,998)	-31%
Bad Debt	(640,096)	-16%	(7,656,954)	-16%	(6,371,195)	-15%
Net Technical Revenue	4,126,277	100%	48,937,388	100%	43,827,165	100%
Net Earnings from STHS Hospitals	43,539	1%	501,136	1%	531,369	1%
Non-Medical Revenue						
Hermitage Building Rent	22,209	1%	291,107	1%	315,707	1%
Other Revenue	13,387	0%	142,952	0%	469,629	1%
Total Non-Medical Revenue	35,596	1%	434,059	1%	785,336	2%
Net Technical and Other Revenue	4,205,412	102%	49,872,583	102%	45,143,869	103%
Operating Expenses						
Staff Compensation & Benefits	1,135,077	28%	13,132,252	27%	11,865,944	27%
Leased Medical Equipment	6,404	0%	86,320	0%	94,340	0%
Rents & Other Leases	299,363	7%	3,147,655	6%	2,908,512	7%
Insurance	39,707	1%	477,582	1%	391,688	1%
Non-Clinical Supplies	61,327	1%	841,271	2%	868,587	2%
Clinic Supplies	259,954	6%	3,558,166	7%	4,303,201	10%
RIS/PACS Services	71,702	2%	857,674	2%	753,570	2%
Management Fee	92,959	2%	1,101,950	2%	986,432	2%
Billing & Collection Agency Fees	273,977	7%	3,324,204	7%	2,931,866	7%
Other Purchased Services	46,067	1%	850,374	2%	849,081	2%
Telecommunications	33,007	1%	411,263	1%	435,481	1%
Transport, Meals, & Entertainment	12,048	0%	150,405	0%	119,080	0%
Repairs & Maintenance	249,434	6%	4,057,323	8%	3,924,876	9%
Other Operating Expenses	98,426	2%	1,581,498	3%	1,541,318	4%
Total Operating Expenses	2,679,454	65%	33,577,937	69%	31,973,975	73%
Net Operating Income (EBITDA)	1,525,958	37%	16,294,646	33%	13,169,894	30%
Non-Operating Income & Expense						
Depreciation & Amortization	263,054	6%	3,165,182	6%	3,550,274	8%
Interest Expense	48,554	1%	438,935	1%	450,344	1%
Gain or Loss on Asset Disposal	-	0%	10,324	0%	40,737	0%
Total Non-Operating Income & Expense	311,608	8%	3,614,441	7%	4,041,355	9%
Net Income Before Equity Earnings in JV's	1,214,350	29%	12,680,205	26%	9,128,539	21%
Equity Earnings in Joint Ventures						
Equity Earnings-Turner JV	9,206	0%	9,206	0%	-	0%
Equity Earnings-CIC	(139,089)	-3%	(139,089)	0%	-	0%
Total Equity Earnings in Joint Ventures	(129,883)	-3%	(129,883)	0%	-	0%
Net Income Before Taxes	1,084,467	26%	12,550,322	26%	9,128,539	21%
Provision for Income Taxes	36,174	1%	520,965	1%	251,772	1%
Net Income	1,048,293	25%	12,029,357	25%	8,876,767	20%

Middle Tennessee Imaging, LLC
Operating Expense Support Schedule
Period and Year to Date Compare to Last Year
For the Period from December 1, 2017 to December 31, 2017

	Current Period		Year to Date		Last Year to Date	
Net Technical Revenue	4,126,277	100%	48,937,388	100%	43,827,165	100%
Staff Leased from NOL, LLC	1,106,339	27%	12,836,066	26%	11,576,119	26%
Temporary Labor	-	0%	1,788	0%	148	0%
Shared Staff Comp	-	0%	-	0%	-	0%
Benefits	28,738	1%	294,398	1%	289,677	1%
Total Staff Compensation	1,135,077	28%	13,132,252	27%	11,865,944	27%
Leased Medical Equipment	6,404	0%	86,320	0%	94,340	0%
Office Rent	267,503	6%	3,042,389	6%	2,851,737	7%
Lease - Office F&E	1,604	0%	26,707	0%	29,555	0%
Total Rents & Other Leases	299,363	7%	3,147,655	6%	2,908,512	7%
General Business Insurance	11,391	0%	129,148	0%	128,503	0%
Malpractice Insurance	27,655	1%	340,462	1%	254,914	1%
Director & Officers Insurance	661	0%	7,972	0%	8,271	0%
Total Insurance	39,707	1%	477,582	1%	391,688	1%
Billing Forms	379	0%	21,068	0%	41,541	0%
Office Supplies	10,750	0%	144,381	0%	145,304	0%
Office Furnishings	-	0%	19,875	0%	-	0%
Patient Waiting Room Supplies	8,588	0%	102,726	0%	91,254	0%
Computer Supplies	2,944	0%	61,907	0%	59,637	0%
Marketing Supplies	38,666	1%	491,314	1%	530,851	1%
Total Non-clinical Supplies	61,327	1%	841,271	2%	868,587	2%
Clinic Forms	1,331	0%	11,298	0%	28,202	0%
Clinic Supplies & Medications	191,316	5%	2,883,183	6%	3,865,766	9%
Film	-	0%	2,177	0%	5,239	0%
Contrast Materials	40,892	1%	368,714	1%	137,294	0%
Laundry	26,416	1%	292,794	1%	266,700	1%
Total Clinic Supplies	259,954	6%	3,558,166	7%	4,303,201	10%
RIS/PACS Services	71,702	2%	857,674	2%	753,570	2%
Management Fee	92,959	2%	1,101,950	2%	986,432	2%
Billing Service	264,757	6%	3,183,336	7%	2,725,101	6%
Collection Agency Fees	9,220	0%	140,868	0%	206,765	0%
Total Billing & Collection Agency Fees	273,977	7%	3,324,204	7%	2,931,866	7%
IS Consulting & Support	975	0%	17,978	0%	4,971	0%
Mktg Consulting & Support	5,087	0%	97,021	0%	133,750	0%
Recruiting	726	0%	17,071	0%	13,524	0%
Legal	8,333	0%	183,161	0%	170,495	0%
Professional/Accounting	-	0%	32,025	0%	9,025	0%
Special Projects	-	0%	86,405	0%	122,760	0%
Other Medical Services	-	0%	870	0%	1,484	0%

Middle Tennessee Imaging, LLC
Operating Expense Support Schedule

Period and Year to Date Compare to Last Year

For the Period from December 1, 2017 to December 31, 2017

	Current Period		Year to Date		Last Year to Date	
Cleaning Services	12,732	0%	148,036	0%	136,305	0%
Transcription	-	0%	-	0%	-	0%
Grounds Keeping & Waste	5,662	0%	58,008	0%	54,884	0%
Building Security	639	0%	9,703	0%	10,678	0%
Mobile MRI Transportation	5,900	0%	70,184	0%	70,862	0%
Other Purchased Services	6,013	0%	129,912	0%	120,344	0%
Total Purchased Services	46,067	1%	850,374	2%	849,081	2%
Business Lines	6,648	0%	102,089	0%	109,747	0%
Information System Lines	24,251	1%	290,730	1%	308,569	1%
Cellular Phones	1,928	0%	16,175	0%	14,098	0%
Answering Service	180	0%	2,269	0%	3,067	0%
Yellow Pages	-	0%	-	0%	-	0%
Total Telecommunications	33,007	1%	411,263	1%	435,481	1%
Business Meals	1,087	0%	10,773	0%	20,934	0%
Entertainment	-	0%	-	0%	120	0%
Flowers & Gifts	-	0%	46	0%	1,199	0%
Employee Relations	3,087	0%	43,505	0%	53,471	0%
Travel	1,102	0%	9,912	0%	5,554	0%
Mileage	286	0%	10,069	0%	11,987	0%
Transportation	6,485	0%	76,099	0%	25,814	0%
Total Transport, Meals, & Entertainment	12,048	0%	150,405	0%	119,080	0%
Maint - Office Equipment & Furnishings	4,753	0%	46,976	0%	25,849	0%
Maint - Computer Equipment	215	0%	48,449	0%	27,110	0%
Maint - Medical Equipment	195,454	5%	3,465,054	7%	3,639,267	8%
Maint - Building	21,318	1%	272,864	1%	232,650	1%
Maint - Management	27,695	1%	223,980	0%	-	0%
Total Repairs & Maintenance	249,434	6%	4,057,323	8%	3,924,876	9%
Seminars & Training	1,200	0%	12,296	0%	10,419	0%
Books & Publications	-	0%	1,060	0%	-	0%
Professional Societies	100	0%	2,450	0%	2,462	0%
Licenses	9,394	0%	148,044	0%	181,025	0%
CME	-	0%	-	0%	-	0%
Uniforms	674	0%	17,586	0%	33,134	0%
Meeting Expense	-	0%	-	0%	-	0%
Bad Debt Expense	-	0%	-	0%	-	0%
Miscellaneous	-	0%	0	0%	90	0%
Business & Property Taxes	15,887	0%	231,876	0%	236,930	1%
Bank Charges	26,834	1%	481,999	1%	395,937	1%
Postage	3,794	0%	51,119	0%	44,359	0%
Utilities	40,543	1%	620,214	1%	620,462	1%
Other	-	0%	-	0%	-	0%
Contributions	-	0%	14,854	0%	16,500	0%
Total Other Operating Expenses	98,426	2%	1,581,498	3%	1,541,318	4%
Total Operating Expenses	2,679,454	65%	33,577,937	69%	31,973,975	73%

Middle Tennessee Imaging, LLC
Balance Sheet
December 31, 2017

	Balance
ASSETS	
Current Assets	
Cash	2,613,517
Account Receivable	29,308,477
Due from Affiliates	1,833,216
Allowances	(21,316,304)
Prepaid Expenses	196,764
Deposits	14,902
Other Assets	392,123
Total Current Assets	13,042,695
Fixed Assets	
Vehicles	232,069
Operating Equipment	30,987,182
Leasehold Improvements	10,500,658
Land	967,099
Buildings	1,860,221
Accumulated Depreciation	(30,538,020)
Net Fixed Assets	14,009,208
Goodwill	600,000
Investment in Turner Surgery	649,206
Investment in Rad Assoc Imaging	160,911
TOTAL ASSETS	28,462,021
LIABILITIES AND EQUITY	
Current Liabilities	
Accounts Payable	1,397,030
Due to Affiliates	4,899,279
Accrued Expenses	1,315,507
Building Deposits Returnable	4,207
Line of Credit	6,430,901
Current Portion of Notes Payable	4,084,423
Other Current Liabilities	72,296
Total Current Liabilities	18,203,643
Notes and Loan Payables	
Notes Payable, Net of Current Portion	1,782,953
Other Long-Term Liabilities	-
Total Long-Term Liabilities	1,782,953
Total Liabilities	19,986,596
Equity	
Owner Capital	7,108,225
Owner Distributions	(57,600,000)
Retained Earnings	46,937,844
YTD Net Income	12,029,357
Total Equity	8,475,425
TOTAL LIABILITIES AND EQUITY	28,462,021

Middle Tennessee Imaging, LLC
Statement of Cash Flow
Period and Year to Date Compare to Last Year
December 2017

	Current Period	Year to Date	Last Year	Last Year to Date
Cash Flows from Operating Activities:				
Net Income	1,048,293	12,029,357	1,131,058	8,876,767
Adjustments to Reconcile Net Income to Net Cash Provided by Operations:				
Net change in...				
Receivables	(111,479)	(1,844,950)	1,032	(1,333,385)
Prepays	(56,216)	(8,497)	(53,948)	(6,916)
Other Assets	(61,210)	(396,385)	66,254	69,693
Investments in Subsidiaries	129,883	(810,117)	-	-
Accounts Payable	(41,621)	1,422,126	63,981	1,735,116
Deposits Returnable	-	-	-	-
Accrued Expenses	(52,102)	49,934	27,315	53,727
Taxes Payable	47,296	43,124	24,259	56,412
Notes & Mortgage Payable	(340,369)	346,478	(340,369)	(4,084,423)
Other Liabilities	6,508	10,631	1,461	8,621
Intercompany (to) / from	1,207,657	47,281	179,456	(1,230,478)
Depreciation & Amortization	262,518	3,073,754	81,932	3,237,207
Total Cash Flows from Operations	2,039,159	13,962,735	1,182,431	7,382,339
Cash Flows from Investing Activities:				
Purchases of Assets	(563,624)	(3,794,083)	(437,673)	(2,046,898)
Disposition of Assets	-	97,933	255,085	347,375
Total Cash Flows from Investing Activities	(563,624)	(3,696,150)	(182,588)	(1,699,523)
Cash Flows from Financing Activities:				
Owners Distribution	(4,750,000)	(10,000,000)	(750,000)	(7,250,000)
Total Cash Flows from Financing Activities	(4,750,000)	(10,000,000)	(750,000)	(7,250,000)
Increase/Decrease in Cash	(3,274,465)	266,585	249,843	(1,567,184)
Cash at the end of the period	2,613,517	2,613,517	2,346,932	2,346,932
Cash at the beginning of the period	5,887,982	2,346,932	2,097,090	3,914,117
Increase/Decrease in Cash	(3,274,465)	266,585	249,843	(1,567,184)

Tab 19







Section B

Contribution to the Orderly Development of Health Care

A – Managed Care Contracts

Patients and Visitors

Saint Thomas Health (/) ▶ Patients and Visitors (/Patients-and-Visitors)
▶ Insurances Accepted (/Patients-and-Visitors/Insurances-Accepted)

PATIENTS AND VISITORS (/PATIENTS-AND-VISITORS)		Insurances Accepted	
	Plan	Saint Thomas Health	Saint Thomas Medical Partners
Bill Pay (/Patients-and-Visitors/Bill-Pay)			
Cost of Care Estimates (/Patients-and-Visitors/Cost-of-Care-Estimates)	<ul style="list-style-type: none">Aetna<ul style="list-style-type: none">Commercial plans only		
Directions (/Patients-and-Visitors/Directions)	<ul style="list-style-type: none">Aetna<ul style="list-style-type: none">Aetna Medicare Advantage		
Financial Assistance (/Patients-and-Visitors/Financial-Assistance)	<ul style="list-style-type: none">AMERIGROUP Community Care<ul style="list-style-type: none">TennCare		



(/) **Health Records**
(/Patients-and-Visitors
(/Health-Records)

Infection Prevention
(/Patients-and-Visitors
(/Infection-Prevention)



Insurances Accepted
(/Patients-and-Visitors
(/Insurances-Accepted)

Nondiscrimination
Policy (/Patients-and-
Visitors
(/Nondiscrimination-
Policy)

Patient PreRegistration
Forms (/Patients-and-
Visitors/Patient-
PreRegistration-Forms)



Patient Notice of
Privacy Policy
(/Patients-and-Visitors
(/Patient-Notice-of-
Privacy-Policy)



Phone Directory
(/Patients-and-Visitors
(/Phone-Directory)


- AMERIGROUP Community Care   ()
844-655-2111 (TEL:844-655-2111)
- Medicare Advantage



- Alive Hospice 



- Avalon Hospice 

- Baptist Health Plan (Formerly known as Bluegrass Family Health)
 - Baptist Health Plan is accepted by Saint Thomas Midtown, West and Rutherford only  

- BC/BS of TN (BCBST)
 - Network P
 - Network S
 - Network M
 - BlueCare (TennCare)  
 - TennCare Select
 - Cover Kids
 - D-SNP
 - Blue Advantage (Medicare Advantage)

- Caris Healthcare (Hospice) 

- CenterCare Managed Care Programs  

- CIGNA
 - Commercial plans  
 - CIGNA Connect (Exchange Plan)





844-655-2111 (TEL:844-655-2111)



(/)



- CIGNA Local Plus (Narrow Network)
 - STH and STMP do not participate in Cigna Local Plus (Narrow Network)



- CIGNA HealthSpring
 - Medicare Advantage  


- Community Health Plan (fka Americhoice)  



- CorVel Corporation (Workers' Compensation)  

- Coventry Health Care  

- FOCUS Healthcare Management (Workers' Compensation)  

- Humana Health Care Plans
 - Commercial Plans 
 - Medicare Advantage 
 - POS (Narrow Network)

- KY Medicaid
 - Standard Medicaid only
 - KY Medicaid is accepted by Saint Thomas Midtown, West and Rutherford only. 
 - *STHe does not participate with KY MCOs, but will work with them for authorization of services*

- Ascension Care Management (ACM), formerly known as Mission Point
 - Network M  



844-655-2111 (TEL:844-655-2111)



(/) • National Rural Electric
Cooperative Association Group



• Nexcaliber (fka Associated
Administrators Group, Inc.)



• NovaNet



• OccuComp (Workers'
Compensation)



• Odyssey Healthcare (Hospice)



• Oscar
◦ Individual/Exchange



• Oscar/Humana - Small Group



• Prime Health
◦ Workers' Compensation
◦ Commercial Network



• Private Healthcare Systems
(PHCS)



• TennCare



• Tennessee Division of
Rehabilitation Services



• TriCare for Life



• TRICARE Prime
◦ Humana Military



• TRICARE East
◦ Humana Military





844-655-2111 (TEL:844-655-2111)



(/) • United Behavioral Health (UBH)



• United Healthcare

◦ Commercial plans



◦ Medicare Advantage plans

• USA Managed Care Organization



• VHAN (Vanderbilt Health
Affiliated Networks

◦ Saint Thomas Midtown
Hospital



◦ Saint Thomas Rutherford
Hospital

• Wellcare / Windsor HealthCare



◦ Medicare Advantage



(/)

(<https://www.youtube.com/watch?v=stthascension>)
(<http://www.saintthomashealth.com/saintthomasascension>)

About Us (/About-Us)

Associates (<https://hr.sths.com>)

Careers (/Careers)

Classes & Events
(<http://www.saintthomashealth.com/classes>)

Contact Us (/About-Us/Contact-Us)

Find a Doctor (/Find-a-Doctor)

How to Help (/How-to-Help)

Insurances Accepted (/Patients-and-Visitors/Insurances-Accepted)

Locations (/Locations)

Make an Appointment (<https://sth-ascensionhealth.inquicker.com/>)

My Health Records (/Patients-and-Visitors/Health-Records)

Nondiscrimination Policy (/Patients-and-Visitors/Nondiscrimination-Policy)

Patients-and- Pay My Bill (/Patients-and-Visitors
844-655-2111 (/Bill-Pay) 844-655-2111)



[Privacy Policy \(/Privacy-Policy\)](#)

Vendors (/Resources/Vendors)

(<http://www.ascension.org>)

Tab 20

Section B

Contribution to the Orderly Development of Health Care

D(1)a - Accreditation

Modality	Facility Name	Street 1	Street 2	Street 3	City	State	Zip Code	Status	Expiration Date	Modules	Current as of
BUAP	Premier Radiology Brentwood	789 Old Hickory Blvd			Brentwood	TN	37027	Accredited	08/13/2020		03/06/2018
MAP	Premier Radiology Brentwood	789 Old Hickory Blvd			Brentwood	TN	37027	Accredited	02/10/2020		03/06/2018
										General Gynecological Obstetrical	
UAP	Premier Radiology Brentwood	789 Old Hickory Blvd			Brentwood	TN	37027	Accredited		Vascular-Abdominal Vascular-	
CTAP	Premier Radiology Brentwood	789 Old Hickory Blvd			Brentwood	TN	37027	Accredited	02/05/2020	Cerebrovascular Vascular-Deep-	03/06/2018
MRAP	Premier Radiology Brentwood	789 Old Hickory Blvd			Brentwood	TN	37027	Accredited	02/13/2020	Abdominal Vascular-Peripheral	03/06/2018
MRAP	Premier Radiology Clarksville	980 Professional Park Drive	Suite E		Clarksville	TN	37040	Accredited	03/27/2020	Abdomen Chest Head/Neck	03/06/2018
										Body Cardiac Head MRA MSK Spine	03/06/2018
										Head MSK Spine	03/06/2018
CTAP	Premier Radiology Cool Springs	3310 Aspen Grove Drive			Franklin	TN	37067	Accredited	04/01/2020	Abdomen Chest Head/Neck	03/06/2018
BUAP	Premier Radiology Cool Springs	3310 Aspen Grove Drive			Franklin	TN	37067	Accredited	09/07/2020		03/06/2018
MRAP	Premier Radiology Cool Springs	3310 Aspen Grove Drive			Franklin	TN	37067	Accredited	12/27/2018	Body Head MRA MSK Spine	03/06/2018
										General Gynecological Vascular-	
										Abdominal Vascular-Cerebrovascular	
UAP	Premier Radiology Cool Springs	3310 Aspen Grove Drive			Franklin	TN	37067	Accredited	12/27/2020	Vascular-Deep-Abdominal Vascular-	03/06/2018
MAP	Premier Radiology Cool Springs	3310 Aspen Grove Drive			Franklin	TN	37067	Accredited	04/01/2020	Peripheral	03/06/2018
BUAP	Premier Radiology Hendersonville	262 New Shackle Island Road	Suite 208		Hendersonville	TN	37075	Accredited	12/07/2020		03/06/2018
MAP	Premier Radiology Hendersonville	262 New Shackle Island Road	Suite 208		Hendersonville	TN	37075	Accredited	12/07/2020		03/06/2018
										General Gynecological Vascular-	03/06/2018
										Abdominal Vascular-Cerebrovascular	
UAP	Premier Radiology Hendersonville	262 New Shackle Island Road	Suite 206		Hendersonville	TN	37027	Accredited	11/19/2019	Peripheral	03/06/2018
CTAP	Premier Radiology Hendersonville	262 New Shackle Island Road	Suite 206		Hendersonville	TN	37027	Accredited	12/04/2019	Abdomen Chest Head/Neck	03/06/2018
MAP	Premier Radiology Hermitage	5045 Old Hickory Blvd Ste 101			Hermitage	TN	37078	Accredited	08/19/2020		03/06/2018
										Abdomen Chest Head/Neck	
CTAP	Premier Radiology Hermitage	5045 Old Hickory Boulevard	Suite 100		Hermitage	TN	37078	Accredited	02/11/2020		03/06/2018
BUAP	Premier Radiology Hermitage	5045 Old Hickory Boulevard	Suite 100		Hermitage	TN	37078	Accredited	11/02/2019	Body Head MSK Spine	03/06/2018
										General Gynecological Obstetrical	
										Vascular-Abdominal Vascular-	
UAP	Premier Radiology Hermitage	5045 Old Hickory Boulevard	Suite 100		Hermitage	TN	37078	Accredited	12/24/2020	Cerebrovascular Vascular-Deep-	03/06/2018
MAP	Premier Radiology Briarville	1210 Briarville Rd.	Building F, Suite 602		Madison	TN	37115	Accredited	05/02/2021	Abdominal Vascular-Peripheral	03/06/2018
BUAP	Premier Radiology Briarville	1210 Briarville Road	Building F, Suite 602		Madison	TN	37115	Accredited	07/08/2020		03/06/2018
										General Gynecological Obstetrical	
UAP	Premier Radiology Briarville	1210 Briarville Road	Building F, Suite 602		Madison	TN	37115	Accredited	04/15/2020	Vascular-Abdominal Vascular-	03/06/2018
CTAP	Premier Radiology Briarville	1210 Briarville Road	Building F, Suite 602		Madison	TN	37115	Accredited	05/25/2021	Cerebrovascular Vascular-Deep-	03/06/2018
MRAP	Premier Radiology Mt. Juliet	5002 Crossing Circle	Suite 140		Mount Juliet	TN	37122	Accredited	02/07/2020	Abdomen Chest Head/Neck	03/06/2018
										Body Head MSK Spine	03/06/2018
BUAP	Premier Radiology Mt. Juliet	5002 Crossing Circle	Suite 140		Mt. Juliet	TN	37122	Accredited	03/08/2021		03/06/2018
										Abdomen Chest Head/Neck	
CTAP	Premier Radiology Mt. Juliet	5002 Crossing Circle	Suite 140		Mt. Juliet	TN	37122	Accredited	12/04/2018		03/06/2018
										General Gynecological Obstetrical	
										Vascular-Abdominal Vascular-	
UAP	Premier Radiology Mt. Juliet	5002 Crossing Circle	Suite 140		M						

**American College of Radiology Accreditation Database
Middle Tennessee Imaging / Premier Radiology**

Modality	Facility Name	Street 1	Street 2	Street 3	City	State	Zip Code	Status	Expiration Date	Modules	Current as of
UAP	Premier Radiology	28 White Bridge Road	Suite 111		Nashville	TN	37205	Accredited	07/17/2019	General Gynecological Obstetrical Vascular-Abdominal Vascular-Cerebrovascular Vascular-Peripheral	03/06/2018
MAP	Premier Radiology Belle Meade	28 White Bridge Rd	Suite 111		Nashville	TN	37205	Accredited	02/05/2021		03/06/2018
NIMAP	Premier Radiology Belle Meade	28 White Bridge Road	Suite 111		Nashville	TN	37205	Accredited	12/17/2018	Planar SPECT	03/06/2018
BUAP	Premier Radiology Belle Meade	28 White Bridge Road	Suite 111		Nashville	TN	37205	Accredited	11/19/2019		03/06/2018
MRAP	Premier Radiology Belle Meade	28 White Bridge Road	Suite 111		Nashville	TN	37205	Accredited	07/31/2018	Body Head MRA MSK Spine	03/06/2018
CTAP	Premier Radiology Belle Meade	28 White Bridge Road	Suite 111		Nashville	TN	37205	Accredited	05/09/2020	Abdomen Cardiac Chest Head/Neck	03/06/2018
MRAP	Premier Radiology Charlotte	1800 Charlotte Avenue			Nashville	TN	37203	Accredited	05/31/2020	Body Head MSK Spine	03/06/2018
BUAP	Premier Radiology Charlotte	1800 Charlotte Avenue			Nashville	TN	37203	Accredited	07/13/2020		03/06/2018
UAP	Premier Radiology Charlotte	1800 Charlotte Avenue			Nashville	TN	37203	Accredited	10/07/2019	General Gynecological Obstetrical Vascular-Abdominal Vascular-Cerebrovascular Vascular-Peripheral	03/06/2018
MAP	Premier Radiology Lenox Village	8130 Nolensville Road	Suite 102		Nashville	TN	37211	Accredited	11/02/2020	Abdominal Vascular-Peripheral	03/06/2018
UAP	Premier Radiology Lenox Village	8130 Nolensville Road Suite 102			Nashville	TN	37211	Accredited	10/27/2020	General	03/06/2018
MAP	Premier Radiology Nashville	1800 Charlotte Ave.			Nashville	TN	37203	Accredited	06/13/2019		03/06/2018
UAP	Premier Radiology Saint Thomas West	4230 Harding Road	Suite 220		Nashville	TN	37205	Accredited	07/30/2020	General Gynecological Vascular-Abdominal Vascular-Peripheral	03/06/2018
NIMAP	Premier Radiology Saint Thomas West	4230 Harding Road	Suite 220		Nashville	TN	37205	Accredited	08/14/2020	Planar SPECT	03/06/2018
CTAP	Premier Radiology Saint Thomas West	4230 Harding Road	Suite 220		Nashville	TN	37205	Accredited	09/05/2020	Abdomen Chest Head/Neck	03/06/2018
MRAP	Premier Radiology Saint Thomas West	4230 Harding Road	Suite 220		Nashville	TN	37205	Accredited	12/05/2020	Body Head MRA MSK Spine	03/06/2018
MAP	Premier Radiology Smyrna	741 President Pl Ste 100			Smyrna	TN	37167	Accredited	03/21/2021		03/06/2018
UAP	Premier Radiology St. Thomas Outpatient Imaging	741 President Place	Suite 100		Smyrna	TN	37167	Accredited	04/24/2020	General Gynecological Obstetrical Vascular-Abdominal Vascular-Cerebrovascular Vascular-Peripheral	03/06/2018
BUAP	Premier Radiology St. Thomas Outpatient Imaging	741 President Place	Suite 100		Smyrna	TN	37167	Accredited	10/27/2020		03/06/2018

Tab 22

Section B

Contribution to the Orderly Development of Health Care

D(2) – Deficiencies/Inspection Report

Not Applicable, New Facility

Other Attachments

**Copy of Published Public Notice
Letter of Intent**

Tab 23
Other Attachments

Copy of Published Public Notice

Supplemental #1 (Copy)

Middle Tennessee Imaging,
LLC DBA Premier Radiology

CN1805-021

May 29, 2018

Hand Delivery

Phillip Earhart, HSD Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application, CN1805-021, Mid-TN Imaging, LLC d/b/a Premier Radiology

Establishment of a new Outpatient Diagnostic Center (ODC) and Initiation of MRI and CT Services

Dear Mr. Earhart:

Thank you for your letter of May 24, 2018, confirming receipt of our application for a Certificate of Need for the establishment of an Outpatient Diagnostic Center, initiation of MRI services, and acquisition of a fixed 1.5T MRI unit in a new building under construction at 3754 Murfreesboro Pike, Antioch (Davidson County), TN.

As requested, supplemental responses are provided in triplicated by the 2:00 pm., May 30, 2018 deadline along with a notarized affidavit.

1. Section A: Executive Summary, A. Overview 4) Existing Similar Service Providers

It is noted by the applicant The Pain Management Group is the only MRI provider within the proposed 3 ZIP code service area. Please indicate the ZIP code of The Pain Management Group and the distance to the proposed ODC.

Response: The Pain Management Group (5801 Crossings Blvd Antioch, TN) is located within the 37013 zip code and is 3.0 miles from the proposed imaging center at 3754 Murfreesboro Pike Antioch, TN. See map attached (Tab 1R).

2. Section A: Executive Summary, B. Rationale for Approval 1) Need

Please provide a table that breaks down the 3,646 MRI and the 2,910 CT service area procedures by patient ZIP Code by MTI location, the total MRI and CT procedures performed at these MTI locations annually for each of the past three years, and the % of total that the service area procedures represent for each MTI location.

Response: See separate MRI and CT volume tables broken down by the service area Zip Codes noting the expected impact on the current centers below.

Mr. Phillip Earhart

May 29, 2018

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May 30, 2018**09:38 A.M.**

MRI						
MTI Location	2015	2016	2017		Total 2017	2017% of Total
Premier Midtown	239	258	266		4,511	5.9%
37013	145	160	168			
37086	28	20	26			
37217	66	78	71			
Premier Belle Meade	214	274	311		7,558	4.1%
37013	124	157	178			
37086	35	36	33			
37217	55	81	101			
Premier Brentwood	298	349	454		3,244	14.0%
37013	232	290	380			
37086	25	11	12			
37217	41	48	62			
Premier Briarville Rd.	1	-	-		-	-
37013	1		-			
37086			-			
37217			-			
Premier Clarksville	9	10	6		5,103	0.1%
37013	5	3	3			
37086		2	-			
37217	4	5	3			
Premier Cool Springs	125	121	130		4,966	2.6%
37013	94	91	103			
37086	18	14	12			
37217	13	16	16			
Premier Hendersonville	-	-	-		-	-
37013			-			
37086			-			
37217			-			
Premier Hermitage	372	448	538		6,664	8.1%
37013	185	221	267			
37086	46	30	33			
37217	141	197	238			
Premier Mt. Juliet	62	72	75		4,206	1.8%
37013	36	43	52			
37086	4	12	11			
37217	22	17	13			
Premier Murfreesboro	135	139	116		7,927	1.5%

Mr. Phillip Earhart

May 29, 2018

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May 30, 2018**09:38 A.M.**

37013	37	40	26		
37086	90	94	82		
37217	8	5	8		
Premier Nashville	115	145	227	2,777	8.2%
37013	74	80	123		
37086	17	20	29		
37217	24	45	75		
Premier Smyrna	1,009	1,145	1,396	4,633	30.1%
37013	325	366	517		
37086	652	742	817		
37217	32	37	62		
Premier West	118	122	126	3,003	4.2%
37013	61	69	82		
37086	11	14	15		
37217	46	39	30		
Total	2,697	3,083	3,646	54,592	6.7%

CT						
MTI Location	2015	2016	2017		Total 2017	2017% of Total
Premier Midtown	273	306	308		4,497	6.8%
37013	165	198	193			
37086	34	23	25			
37217	74	85	90			
Premier Belle Meade	140	124	163		5,131	3.2%
37013	76	65	96			
37086	19	22	20			
37217	45	37	47			
Premier Brentwood	281	343	503		2,461	20.4%
37013	234	277	417			
37086	11	19	24			
37217	36	47	62			
Premier Briarville Rd.	17	26	26		1,570	1.7%
37013	15	17	9			
37086		1	2			
37217	2	8	15			
Premier Clarksville	-	-	-		-	-
37013	-	-	-			
37086	-	-	-			
37217	-	-	-			

Mr. Phillip Earhart

May 29, 2018

Page 4

Premier Cool Springs	28	40	36		3,150	1.1%
37013	18	31	28			
37086	5	5	4			
37217	5	4	3			
Premier Hendersonville	10	6	6		5,113	0.1%
37013	7	4	3			
37086		2	2			
37217	3		1			
Premier Hermitage	154	181	220		2,480	8.9%
37013	79	98	92			
37086	16	6	3			
37217	59	77	126			
Premier Mt. Juliet	50	50	58		3,060	1.9%
37013	27	34	38			
37086	13	6	4			
37217	10	10	16			
Premier Murfreesboro	109	113	121		6,914	1.8%
37013	33	20	38			
37086	65	86	75			
37217	11	7	8			
Premier Nashville	123	141	232		3,293	7.0%
37013	66	77	140			
37086	12	6	22			
37217	45	58	70			
Premier Smyrna	547	616	830		2,505	33.1%
37013	162	185	257			
37086	362	413	542			
37217	23	18	31			
Premier West	273	295	405		8,456	4.8%
37013	154	174	230			
37086	46	28	44			
37217	73	93	131			
Total	2,005	2,241	2,910		48,630	6.0%

Please also provide the mileage and travel time from these MTI locations to the site of the proposed project.

Response: See table below with mileage and travel times from current MTI locations to the proposed Antioch site.

Name	Street Address	City	Service		Drive (Miles)	Drive Time to MTI Antioch (Minutes)
			MRI	CT		
Clarksville	980 Professional Park Drive	Clarksville	X	X	60	65
Smyrna	741 President Place	Smyrna	X	X	6.9	15
Cool Springs	3310 Aspen Grove Drive	Franklin	X	X	28	33
Murfreesboro	1840 Medical Center Parkway	Murfreesboro	X	X	18	24
Brentwood	789 Old Hickory Blvd.	Brentwood	X	X	20	24
Belle Meade	28 White Bridge Road	Nashville	X	X	20	28
STH West	4230 Harding Pike	Nashville	X	X	19	25
STH Midtown	300 20 th Avenue N.	Nashville	X	X	17	28
Nashville Charlotte	1800 Charlotte Ave.	Nashville	X	X	17	24
Mt. Juliet	5002 Crossings Circle	Mt. Juliet	X	X	13	20
Hermitage	5045 Old Hickory Blvd.	Hermitage	X	X	12	25
Briarville	1210 Briarville Rd.	Madison	X	X	23	29
Hendersonville	262 New Shackle Island Road	Hendersonville		X	33	39
New Salem	2723 New Salem Highway	Murfreesboro	X	X	23	27
Lennox Village	6130 Nolensville Pike	Nashville			9.1	19

3. Section A., Project Details, Name of Management/Operating Entity

The management agreement in Attachment Section A-5 is noted. Please explain how this management agreement is still in effect when it appears that the terms of the agreement allowed for an initial term of one year through March 31, 2012 and renewable for only one additional year. Please clarify.

Response: See Amendment to Administrative Services Agreement attached (Tab 2R). The agreement auto renews annually.

4. Section A, Project Details, Item 6 A. Legal Interest in the Site

Please provide documentation that the Sublandlord (St. Thomas Health) has control of the site through the master lease with Mosaic Investors LLC and documentation that Mosaic Investors LLC owns the site.

Response: Pages 3 thru 8 under Attachment/Section A Tab 6 – Site Entitlement of the original application include the Memorandum of Lease between Antioch-Mosaic Investors, LLC (Landlord) and Saint Thomas Health (Tenant). A copy is also included under Tab 3R (Part A) of our responses attached. Additionally, a copy of the Special Warranty Deed is also attached (Tab 3R – Part B).

5. Section A, Project Details, Item 8 Purpose of Review

It is noted the applicant has checked “C. Addition of MRI Unit” as the purpose of review. However, please revise by checking E. Initiation of Service (ODC, MRI) only and submitting a replacement page 8 (labeled as 8R).

Response: Revised page 8 to mark “E. Initiation of Services (ODC, MRI)” as opposed to “C. Addition of MRI Unit” and relabeled as 8R. See Tab 4R.

6. Section A, Project Details, Item 12 Square Footage and Cost Per Square Footage Chart

It is noted the applicant has indicated there is 2,748 SF of space in the proposed first floor imaging department. However, the lease notes there is 3,708 SF please clarify. In addition, the applicant notes there is 2,748 SF with a dollar sign (\$2,748) in the new proposed final square footage column. Please correct and submit a corrected page 11 (labeled as 11R).

Response: Per the Letter of Intent to Sublease the space under Attachment/Section A Tab 6 – Site Entitlement of the original application, the rentable square footage is listed as 3,078. The usable square footage is 2,748 with a common area factor of 1.12 (or 12%) for the lease. So, the 2,748 usable square footage (which the Construction Contractors base their cost estimates) $\times 1.12 = 3,078$ rentable square feet (which the Sublandlord bases their rental rates and amounts for the tenant improvement allowances). Removed the \$ sign from page 11 and relabeled as page 11R. See Tab 5R.

7. Section A, Project Details, Item 6 B (1) (Plot Plan) and 6 B (3) (Transportation Routes)

It appears the name of “Murfreesboro Pike” is partially cut off in the plot plan. Please provide a revised copy of the plot plan that clearly includes the name of Murfreesboro Pike and the outlines of the roadways that border the site.

Please clarify if there will be two entrances to the proposed facility, one from Hobson Pike and the other from Murfreesboro Pike.

Response: Revised the plot plan to clearly note “Murfreesboro Pike”, highlighted the outline of the bordering roadways, and labeled the roadways with an arrow. See Tab 6R.

There will be one vehicle entrance off Hobson Pike and a pedestrian entrance (sidewalk) off Murfreesboro Pike.

8. Section A, Project Details, Item 13 (MRI)

It is understood that the applicant does not know at this time what that age of the MRI equipment to be purchased is; however, please provide the expected age range of the MRI equipment to be purchased? Please also include the expected age of the previously owned 16-slice GE CT unit.

Response: GE Gold Seal MRIs are fully refurbished and have many new and refurbished parts. The magnet itself is going to be original because they have not changed in 25 years. So, it is not possible to place a single date of manufacture to the unit being sold. Each system will be a little different in that way and there is no way to tell in advance of delivery what the original dates would be. However, each system will come with the version 23.0 software, which has a 2016 release date.

The 16-Slice GE CT unit will be brand new. Revised the narratives on pages 46 & 47, removing references to the 16-slice GE CT unit being "previously owned" as this is not correct. Pages 46R & 47R are attached. See Tab 7R.

9. Section A, Project Details, Item 13.2.B (Equipment Vendor Quotes)

The equipment quotes are noted. However, the quotes provided expire prior to the August 22, 2018 Agency meeting which is the earliest date this application could be heard. Please provide revised equipment quotes for MRI, CT, Ultrasound, and 3D mammo.

Response: Updated MRI, CT, Ultrasound, & 3D Mammo Quotes are attached. See Tab 8R.

10. Section B, Need, Project Specific Review Criteria (Outpatient Diagnostic Centers) Item 3 Special Needs Circumstances

Please revise your response using 2017 MRI utilization and submit a replacement page 16 (labeled as 16R).

Response: Revised our response using 2017 MRI utilization data and relabeled page 16 as 16R. See Tab 9R.

11. Section B, Need, Project Specific Review Criteria, Item 4 (Non-specialty MRI Units).

Please revise your response using 2017 utilization data and submit a replacement page 20 (labeled as 20R).

Response: Revised our response using 2017 utilization data and relabeled page 20 as 20R. See Tab 10R.

12. Section B, Need, Project Specific Review Criteria, Item 7.a (FDA Approval).

Documentation of FDA approval for the GE 1.5T MRI could not be located in Tab 10. Please submit.

Response: FDA approval letter for the GE 1.5T MRI is attached. See Tab 11R.

13. Section B, Need, Area MRI Provider Utilization Projections, Page 26

The historical utilization of existing MRI providers in the proposed 3 ZIP code service area is noted. However, please revise the table to include 2017 utilization and submit a replacement page 26 (labeled as 26R).

Response: Revised our table to include 2017 utilization data and relabeled page 26 as 26R. See Tab 12R.

14. Section B, Need, Item B. Proposed Service Area, County Level Map, Page 31

Please provide a revised county level map (labeled as 31R) that clearly shades the Davidson and Rutherford Counties as the proposed service area counties.

Response: Revised county level map shading Davidson and Rutherford Counties which contain the proposed service area. Relabeled page 31 as 31R. See Tab 13R.

15. Section B, Need, Item D. 1.a, Population Demographics

The table of the Projected 2017-2022 Age 25+ Population on page 32 is noted. However, please note the percentage growth in the last column (the applicant placed the ZIP code in this column) and submit a replacement page 32 (labeled as 32R). In addition, the paragraph below the table references the 25+ population in the attachment in Tab 14. However, the table provides the 65+ population not the 25+ population. Please clarify.

Response: Noted the percentage growth in the last column on page 32 and relabeled as page 32R. Additionally, revised the Population Table Form (original Tab 14 – relabeled as Tab 14R) to include the 25+ population data. See Tab 14R.

16. Section B, Need, Item E

Describe the existing and approved but unimplemented services of MRI providers in the Davidson and Rutherford Counties including projected utilization. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. List each provider and its utilization and/or occupancy individually.

Response: There is one MRI provider in Rutherford County with an approved MRI service that is not reflected in the 2017 utilization. Premier Radiology implemented a new MRI on May 22, 2018, pursuant to a CON granted in April 2017. According to the CON filing for this CON, this MRI is projected to perform 2,164 MRIs in year 1, and 2,540 MRIs in year 2.

There appear to be no existing and approved but unimplemented MRI services in Davidson County.

Included utilization trends for each of the most recent three years of data available for this type of project are below. Each provider and its utilization is listed individually.

**Detail of MRI Utilization by Provider in Davidson County
and Rutherford County for 2015-2017**

Provider	*Type (ODC, HOSP,PO)	# of MRI s (2017)	MRI Utilization			2017 Avera ge utiliz ation per MRI	% of optimal MRI Standard (2,880) in 2017	% Change 15'-17'
			2015	2016	2017			
Davidson County								
Belle Meade Imaging	ODC	1	3050	2669	2317	2317	80.5%	-24.0%
Elite Sports Medicine & Orthopaedic Center (added one MRI for 2017)	PO	3	6437	6859	8116	2705	93.9%	+26.1%
Heritage Medical Associates- Murphy Avenue (shared MRI)	PO	.5	1595	1461	1373	2746	95.3%	-13.9%
Hillsboro Imaging	ODC	1	4379	3905	3692	3692	128.2%	-15.6%
Hughston Clinic Orthopaedics at Harding Place	ODC	2	4436	5156	2054	1027	35.7%	-53.7%
Millennium MRI, LLC (shared MRI)	ODC	.5	495	313	303	606	21.0%	-38.8%
Nashville General Hospital	HOSP	1	1398	1564	1610	1610	55.9%	+15.2%
Next Generation Imaging, LLC (shared MRI)	ODC	.5	763	857	618	1236	42.9%	-19.0%
One Hundred Oaks Breast Center	H-Imaging	1	870	934	984	984	34.2%	+13.1%
One Hundred Oaks Imaging	ODC	2	5623	8302	8600	4300	149.3%	+52.9%
Outpatient Diagnostic Center of Nashville	ODC	2	5498	5260	5177	2589	89.9%	-5.8%
Pain Management Group, PC	PO	1	1878	3680	3370	3370	117.0%	+79.4%
Premier Radiology Belle Meade	ODC	3	5930	6930	7617	2539	88.2%	+28.4%
Premier Radiology Brentwood	ODC	1	2914	2517	2966	2966	103.0%	+1.8%
Premier Radiology Hermitage	ODC	2	5162	5735	6721	3361	116.7%	+30.2%
Premier Radiology Midtown	ODC	2	3735	4215	4550	2275	79.0%	+21.8%
Premier Radiology Nashville	ODC	1	1954	2165	2886	2886	100.2%	+47.7%
Premier Radiology St. Thomas West	ODC	1	2568	2889	3033	3033	105.3%	+18.1%
Specialty MRI	ODC	.5	797	799	897	1794	62.3%	+12.5%

St. Thomas Medical Partners - Howell Allen Imaging	PO	1	4871	0	208	-	-	-95.7%
St. Thomas Midtown Hospital	HOSP	1	2825	3156	3503	3503	121.6%	+24.0%
St. Thomas West Hospital	HOSP	2	4944	5962	3156	1578	54.8%	-36.2%
Tennessee Oncology, PET Services	PO	1	1542	1595	1508	1508	52.4%	-2.2%
Tennessee Orthopaedic Alliance Imaging	PO	2	7564	8150	8607	4304	149.4%	+13.8%
TriStar Centennial Medical Center	HOSP	4	9729	9755	10470	2618	90.9%	+7.6%
TriStar Skyline Medical Center	HOSP	2	8097	7155	7538	3769	130.9%	-6.9%
TriStar Southern Hills Medical Center	HOSP	1	2771	2930	2932	2932	101.8%	+5.8%
TriStar Summit Medical Center	HOSP	1	4363	4292	4677	4677	162.4%	+7.2%
TriStar Summit Medical Center - ODC	HOSP	1	2040	1954	1773	3546	123.1%	-13.1%
Vanderbilt University Medical Center	HOSP	6	30164	30977	32772	5462	189.7%	+8.6%
Davidson County Sub-Total		48	138392	142136	144028	3001	104.27%	+4.1%

Provider	*Type (ODC, HOSP,PO)	# of MRIs (2017)	MRI Utilization			2017 Average utilization on per MRI	% of optimal MRI Standard (2,880) in 2017	% Change 15'-17'
			2015	2016	2017			
Rutherford County								
Imaging Center of Murfreesboro	ODC	1	5244	5624	5624*	5624*	195%	+7.25%
Murfreesboro Medical Clinic-Garrison Drive	PO	1	2770	2597	2973	2973	103%	+7.33%
Pain Management Group, The (implemented for 3.5 months in 2017)	PO	1	N/A	N/A	477*	1639*	56.9%	N/A
Premier Radiology Murfreesboro	ODC	2	6480	7384	7998	3999	139%	+23.4%
Premier Radiology Smyrna	ODC	2	3614	4334	4677	2339	81%	+29.4%
St. Thomas Rutherford Hospital	HOSP	2	2572	3306	2070	1035	36%	-19.5%

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Tennessee Orthopaedic Alliance Imaging	PO	2	4530	5601	6039	3020	105%	+33.3%
TriStar Stonecrest Medical Center	HOSP	1	2896	3072	2864	2864	99%	-1.1%
Rutherford County Sub-Total		12	28106	31918	32245	2783	96.7%	+14.7%
SERVICE AREA TOTAL		60	166498	174054	176273	3039	105.5%	+5.9%

*Imaging Center of Murfreesboro 2017 data assumed to be same as 2016 data. At the time of filing data has not been reported. The Pain Management Group MRI in Rutherford County was implemented for only 3.5 months in 2017.

17. Section B, Need. Item F

Please complete the following table:

Response: Completed table below.

Utilization Projections by Modality						
	Year 1	% of total	Year 2	% of total	Year 3	% of total
MRI	2,552	27.7%	2,735	26.5%	2,917	25.5%
CT	2,037	22.1%	2,183	21.1%	2,328	20.3%
X-Ray	1,822	19.8%	2,184	21.2%	2,550	22.3%
Mammography	1,297	14.1%	1,427	13.8%	1,556	13.6%
Ultrasound	1,497	16.3%	1,797	17.4%	2,096	18.3%
Total	9,205	100.0%	10,326	100.0%	11,447	100.0%

18. Section B, Economic Feasibility Item A (Project Costs Chart)

Please provide a breakdown of the \$1,134,589.45 by equipment type.

Are all the costs associated with the MRI equipment including installation of the equipment included in the Project Costs Chart? If not, please make the necessary adjustments.

Response: The equipment breakdown is as follows:

Modality	Cost per Quote
Refurb GE MRI	\$475,989.45
CT Scanner	205,000.00
3D Mammo	299,000.00
Ultrasound	73,000.00

X-Ray	<u>81,600.00</u>
	\$1,134,589.45

All costs associated with the install of the MRI are included in the Project Costs Chart within the Construction Costs line item.

19. Section B, Economic Feasibility, Items B (Funding)

It is noted Administrative, Architectural, Engineering, Construction, Equipment and Furniture cost of \$1,780,301.44 will be provided through a commercial loan. However, please clarify how interim financing (\$44,507.54), Reserve for One Year's Debt Service (\$403,157.81), and the CON filing fee (\$20,346.04) will be paid.

Please provide a revised letter from Pinnacle Bank identifying the expected interest rate and term of the loan.

Response: The interim financing (\$44,507.54) costs, Reserve for One Year's Debt Service (\$403,157.81), and CON filing fee (\$20,346.04) will be paid from the current cash flows of Middle Tennessee Imaging, LLC.

Revised letter from Pinnacle Bank noting the interest rate and maturity of the loan is attached. See Tab 15R.

20. Section B, Economic Feasibility, Item D (Projected Data Chart)

On page 40 the applicant refers to "Line D.8.a" regarding Fees to Affiliates. However, there is no line "D.8.a" in the Projected Data Chart. Please clarify.

Response: This should be a reference to line D.5.a of the Projected Data Chart. Revised page 40 and relabeled as page 40R. See Tab 16R.

21. Section B, Economic Feasibility Item E.1

The table for the gross charge, deduction from revenue, and average net charge for the total facility on page 43 is noted. However, please also provide the same table for the MRI service for Year One and Year Two.

Response: Completed table for MRI only below.

	Previous Year	Current Year	Year One	Year Two	% Change (Current Year to Year 2)
Gross Charge (<i>Gross Operating Revenue/Utilization Data</i>)	N/A	N/A	\$2,092	\$2,092	0.00%
Deduction from Revenue (<i>Total Deductions/Utilization Data</i>)	N/A	N/A	\$1,578	\$1,578	0.00%

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Average Net Charge (Net Operating Revenue/Utilization Data)	N/A	N/A	\$371	\$371	0.00%
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22. Section B, Economic Feasibility Item E.3.

Please also include a comparison to HSDA Equipment Registry MRI range of charges in the response to this question (1st Quartile, Median, 3rd Quartile).

Response: The average charge in 2017 for all MRIs in Davidson County and Rutherford County is \$2,925 per MRI based on the data reported for 2017 to the HSDA Equipment Registry. The average charge for MRI services at the proposed center is \$2,092 or 71.5% of the average MRI charge. Of the MRI providers that submitted 2017 data to the HSDA for MRI charges, the proposed center's charges are in the 2nd Quartile of average charges (e.g. 15 MRI provider locations have average charges that are less than the Applicant's proposed charges, and 17 MRI provider locations have average charges that are greater than the Applicant's average MRI charges).

23. Section B, Economic Feasibility Item F.3. (Capitalization Ratio)

Please show the calculations for the capitalization ratio of 17.38%.

Response: From MTI's December 31, 2017, Financial Statements: (Long Term Debt of \$1,782,953 / (Long Term Debt of \$1,782,953 + Total Equity of \$8,475,425)) x 100 = 17.38%.

24. Section B, Economic Feasibility Item G. (Payor Mix)

Please complete the following table for the proposed MRI project only:

Response: Completed table for MRI only below.

Applicant's Projected Payor Mix, Year 1

Payor Source	Projected Gross Operating Revenue	As a % of total
Medicare/Medicare Managed Care	\$ 739,634	13.85%
TennCare/Medicaid	741,236	13.88%
Commercial/Other Managed Care	3,434,893	64.32%
Self-Pay	91,319	1.71%
Charity Care	32,042	0.60%
Other (Specify) Champus & Other.	301,195	5.64%
Total	\$ 5,340,319	100.00%

Please clarify if the applicant will accept BC/BS Network P, Network S, Network M, TennCare Select, Cover Kids, Blue Advantage (Medicare Advantage), and Cigna Local Plus (Narrow Network) Health plans.

Response: MTI/Premier Radiology accepts BCBS P, S, & M Networks, TennCare Select, Cover Kids, and Blue Advantage (Medicare Advantage) plans. We are in-network with Cigna (via eviCore), but we are not currently in-network with the Cigna Local Plus Narrow Network plan.

25. Section B, Economic Feasibility Item I (1).

Please discuss the alternative of utilizing Premier Radiology's mobile MRI unit to serve this location rather than installing a fixed unit.

Response: The MTI/Premier Radiology mobile MRI unit is not a viable alternative for the MTI Antioch site. This unit (authorized to serve 19 counties) is highly utilized and currently lacks any available days to service MTI Antioch without taking away service from other MTI locations.

26. Section B, Orderly Development Item D. 1

It is noted by the applicant that all MTI facilities are in full compliance with all applicable licensure and accreditation requirements. Please provide a brief letter from licensure and the accrediting body that documents full compliance.

Response: See the attached Facility Listing document from the Department of Health that notes each Premier Imaging center in good standing. As it relates to the American College of Radiology (ACR), each individual piece of equipment is accredited as opposed to the center itself (overall listing included in the original application - Tab 20). The MRI certificates for each location are attached. See Tab 17R.

27. Section B, Orderly Development Item F. Outstanding Projects

Please provide more details of the current progress of CN1707-020 (St. Thomas Highlands Hospital), CN1701-021 (St. Thomas Rutherford Hospital), and CN1707-022 (St. Thomas Surgery Center New Salem).

Response: See updates below:

- CN1706-020, St. Thomas Highlands Hospital - Architectural plans have been reviewed and approved by the TN Department of Health. Construction contracts have been bid and work has commenced.
- CN 1701-021, St. Thomas Rutherford Hospital - Architectural plans are being reviewed in conjunction with the construction company. Project remains on time and on budget. Construction is expected to begin October 2018.
- CN 1707-022, St. Thomas Surgery Center, New Salem - Final land acquisition was completed March 19, 2018, clearing the way for further development.

28. Section B, Quality Measures

Please verify and acknowledge the applicant will be evaluated annually whether the proposal will provide health care that meets appropriate quality standards upon the following factors:

(3) Quality. Whether the proposal will provide health care that meets appropriate quality standards may be evaluated upon the following factors:

(a) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;

(b) Whether the applicant will obtain and maintain all applicable state licenses in good standing;

(c) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application;

(d) Whether an existing healthcare institution applying for a CON has maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action shall be considered;

(e) Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;

(f) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external assessment against nationally available benchmark data to accurately assess its level of performance in relation to established standards and to implement ways to continuously improve.

1. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable. Other acceptable accrediting organizations may include, but are not limited to, the following:

American College of Radiology, for Positron Emission Tomography, Magnetic Resonance Imaging and Outpatient Diagnostic Center projects;

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Response: The applicant has verified and acknowledges that it will be evaluated annually whether the proposal will provide health care that meets appropriate quality standards upon items (3)(a) through (3)(f) as provided above.

Thank you for the opportunity to provide this supplemental information. Should you have questions or require additional information, please do not hesitate to contact me.

A notarized affidavit is provided as Tab 18R.

Sincerely,



Mark Gaw
Chief Financial Officer

attachments

CN1805-021

Premier Radiology

May 25, 2018

Tab 1R

Supplemental Response to Question #1

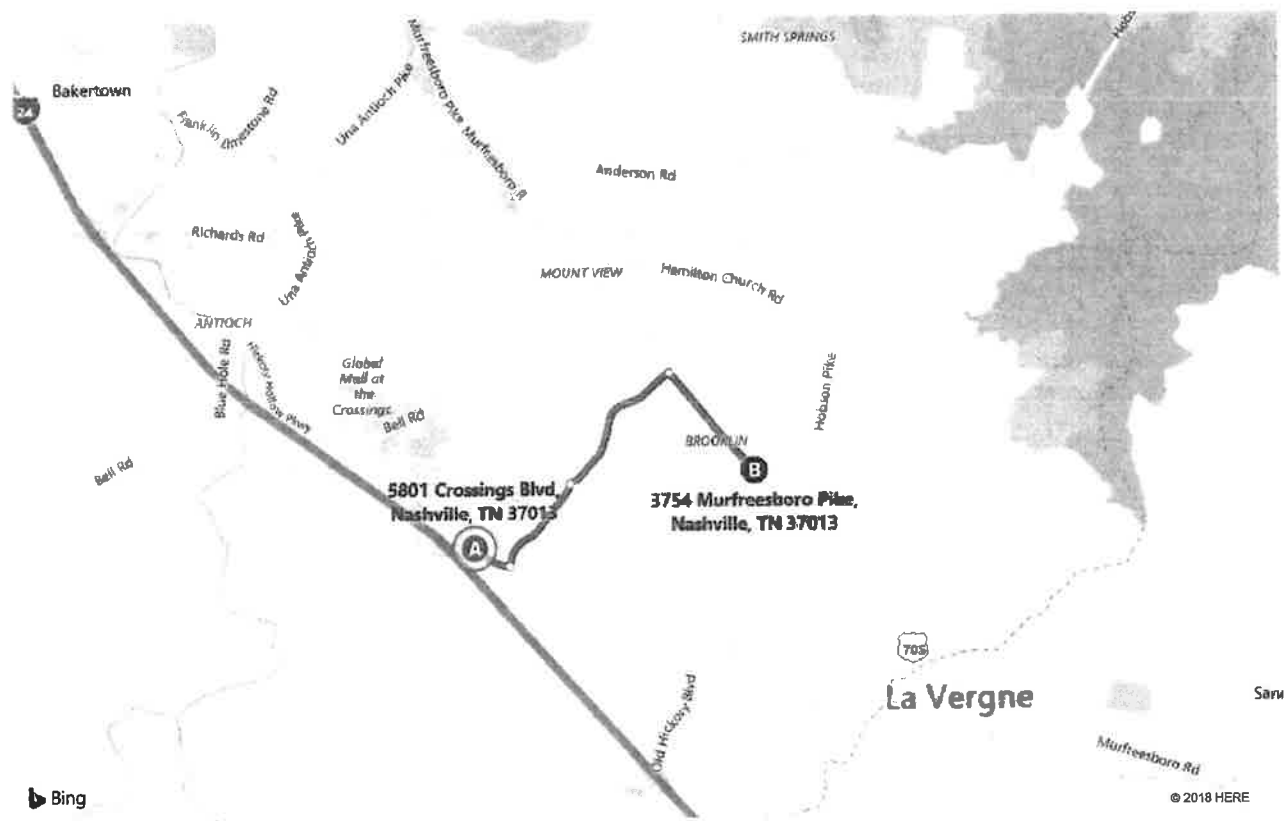
**(Map – Distance from 5801 Crossings Blvd to 3754
Murfreesboro Pike)**

bing maps

- A** 5801 Crossings Blvd, Nashville, TN 37013
B 3754 Murfreesboro Pike, Nashville, TN 37013

9 min, 3.0 mi
Moderate traffic (6 min without traffic)
Via Mt View Rd, US-41

Type your route notes here



CN1805-021

Premier Radiology

May 29, 2018

Tab 9R

Supplemental Response to Question #10

(Revised Page 16)

Tab 14R - Population Table Form

Demographic Variable/Geographic Area	Department of Health/Health Statistics							Bureau of Census - 2016				TennCare	
	Total Population Current Year - 2018	Total Population Projected Year - 2022	Total Population - % Change	Target Population (Age 25+)	Target Population (Age 25+) Projected Year 2022	Target Population % Change	Target Population Projected Year as % of Total	Median Age	Median Household Income	Persons Below Poverty Level	Persons Below Poverty Level as % of Total	TennCare Enrollees	TennCare Enrollees as % of Total
	698,061	730,404	4.63%	468,560	485,051	3.52%	66.41%	34.2	\$50,484.00	N/A	17.7	137,832	19.74%
	332,411	368,752	10.93%	213,103	237,866	11.62%	64.51%	32.9	\$58,032.00	N/A	12.6	51,831	15.59%
	6,960,524	7,263,893	4.40%	4,708,207	4,936,752	4.85%	18.80%	38.5	\$46,584.00	N/A	17.2	1,432,475	20.58%

CN1805-021

Premier Radiology

May 29, 2018

Tab 17R

Supplemental Response to Question #26

(Dept of Health Status & ACR Certificates)

Last Updated: 5/25/2018

For more information, please contact

Health Care Facilities

(615)741-7221 or 800-310-4650

Health Care Facilities

Licensed Facilities

Current Listings

Type = Outpatient Diagnostic Center

County = All

Results = 10

[Click here to return to the search page](#)

1 PREMIER RADIOLOGY BELLE MEADE
28 WHITE BRIDGE ROAD SUITE 111
Nashville, TN 37205
Attn: MICHAEL MORELAND
615-356-3999

Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING LLC
3024 BUSINESS PARK CIRCLE
Goodlettsville, TN 37072
615-356-3999

Facility License Number:
00000001
Status: Licensed
Date of Last Survey: 09/10/2015
Accreditation Expires: 07/31/2018
Date of Original Licensure:
05/24/2006
Date of Expiration: 04/01/2019

This Facility is Managed By:
PHYDATA LLC
Goodlettsville TN
No Disciplinary Actions

2 PREMIER RADIOLOGY BRENTWOOD
789 OLD HICKORY BOULEVARD
Brentwood, TN 37027
Attn: MICHAEL MORELAND
615-832-9551

Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING LLC
3024 Business Park Circle
Goodlettsville, TN 37072
615-356-3999

Facility License Number:
00000009
Status: Licensed
Date of Last Survey: 09/11/2015
Accreditation Expires: 03/27/2020
Date of Original Licensure:
05/23/2006
Date of Expiration: 01/14/2019

This Facility is Managed By:
PHYDATA LLC
Goodlettsville TN
No Disciplinary Actions

3 PREMIER RADIOLOGY COOL SPRINGS
3310 ASPEN GROVE DR SUITE 101
Franklin, TN 37067
Attn: MICHAEL MORELAND
615-771-0171

Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING LLC
3024 BUSINESS PARK CIRCLE
Goodlettsville, TN 37072
615-356-3999

Facility License Number:
00000008
Status: Licensed
Date of Last Survey: 10/07/2015
Accreditation Expires: 12/27/2018
Date of Original Licensure:
05/24/2006
Date of Expiration: 04/01/2019

This Facility is Managed By:

May 30, 2018

09:38 A.M.

4 PREMIER RADIOLOGY HERMITAGE
5045 OLD HICKORY BLVD SUITE 100
Hermitage, TN 37076
Attn: MICHAEL R. MORELAND
615-884-7674

Administrator: MICHAEL R.
MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING LLC
3024 BUSINESS PARK CIRCLE
Goodlettsville, TN 37072
615-356-3999

PHYDATA LLC
Goodlettsville TN
No Disciplinary Actions

Facility License Number:
00000003
Status: Licensed
Date of Last Survey: 06/28/2017
Accreditation Expires: 11/02/2019
Date of Original Licensure:
07/05/2006
Date of Expiration: 07/05/2018

This Facility is Managed By:
PHYDATA LLC
Goodlettsville TN
No Disciplinary Actions

5 PREMIER RADIOLOGY MT. JULIET
5002 CROSSING CIRCLE SUITE 140
Mount Juliet, TN 37122
Attn: MICHAEL MORELAND
615-773-7237

Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING, LLC
3024 BUSINESS PARK CIRCLE
Brentwood, TN 37027
615-356-3999

Facility License Number:
00000060
Status: Licensed
Date of Last Survey: 06/28/2017
Accreditation Expires: 02/07/2020
Date of Original Licensure:
07/30/2012
Date of Expiration: 07/30/2018

This Facility is Managed By:
PHYDATA LLC
Goodlettsville TN
No Disciplinary Actions

6 PREMIER RADIOLOGY MURFREESBORO
1840 MEDICAL CENTER PARKWAY SUITE 101
Murfreesboro, TN 37129
Attn: MICHAEL MORELAND
615-896-1234

Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING LLC
3024 BUSINESS PARK CIRCLE
Goodlettsville, TN 37072
615-356-3999

Facility License Number:
00000012
Status: Licensed
Date of Last Survey: 07/24/2017
Accreditation Expires: 08/23/2018
Date of Original Licensure:
08/03/2006
Date of Expiration: 08/03/2018

This Facility is Managed By:
PHYDATA LLC
Goodlettsville TN
No Disciplinary Actions

7 PREMIER RADIOLOGY NASHVILLE
1800 CHARLOTTE AVENUE
Nashville, TN 37203
Attn: MICHAEL MORELAND
615-329-4840

Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING LLC
3024 BUSINESS PARK CIRCLE
Goodlettsville, TN 37072
615-356-3999

Facility License Number:
00000011
Status: Licensed
Date of Last Survey: 09/10/2015
Accreditation Expires: 09/04/2018
Date of Original Licensure:
05/30/2006
Date of Expiration: 04/01/2019

This Facility is Managed By:
PHYDATA LLC
Goodlettsville TN
No Disciplinary Actions

8 PREMIER RADIOLOGY SAINT THOMAS
MIDTOWN
300 20TH AVENUE NORTH SUITE 202
Nashville, TN 37203
Attn: MICHAEL MORELAND

Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING LLC
102 WOODMONT BOULEVARD
SUITE 700

Facility License Number:
00000061
Status: Licensed
Date of Last Survey: 10/05/2015
Accreditation Expires: 10/10/2019

May 30, 2018

09:38 A.M.

615-986-6047

Nashville, TN 37205
615-284-6841Date of Original Licensure:
06/17/2013
Date of Expiration: 06/14/2018*This Facility is Managed By:*
PHYDATA, LLC
Goodlettsville TN
No Disciplinary ActionsFacility License Number:
00000062Status: Licensed
Date of Last Survey: 10/05/2015
Accreditation Expires: 12/05/2020
Date of Original Licensure:
04/15/2014
Date of Expiration: 04/15/2019*This Facility is Managed By:*
PHYDATA LLC
Goodlettsville TN
No Disciplinary ActionsFacility License Number:
00000010Status: Licensed
Date of Last Survey: 08/28/2017
Accreditation Expires: 09/19/2020
Date of Original Licensure:
08/21/2006
Date of Expiration: 04/01/2019*This Facility is Managed By:*
PHYDATA LLC
Goodlettsville TN
No Disciplinary ActionsPREMIER RADIOLOGY SAINT THOMAS WEST
4230 HARDING PIKE SUITE 220 ST. THOMAS
MEDICAL P
Nashville, TN 37205
Attn: MICHAEL MORELAND
615-467-1050Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TENNESSEE IMAGING, LLC
28 WHITE BRIDGE ROAD SUITE 316
Nashville, TN 37205
615-986-6153

9

PREMIER RADIOLOGY SMYRNA
741 PRESIDENT PLACE SUITE 100
Smyrna, TN 37167
Attn: MICHAEL MORELAND
615-220-0674Administrator: MICHAEL MORELAND
Owner Information:
MIDDLE TN IMAGING LLC
3024 BUSINESS PARK CIRCLE
Goodlettsville, TN 37072
615-356-3999

10

AFFIDAVIT

STATE OF

Tennessee

COUNTY OF

DandisonMARK GAW

, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

[Signature] / CFO

SIGNATURE/TITLE

Sworn to and subscribed before me this 16th day of May, 2018 a Notary
(Month) (Year)

Public in and for the County/State of

Robertson / TennesseeDana M. Meadows
NOTARY PUBLIC

My commission expires 8.29, 2021
(Month/Day) (Year)

Supplemental #2 (Copy)

Middle TN Imaging, LLC
d/b/a Premier Radiology

CN1805-021

May 30, 2018

Hand Delivery

Phillip Earhart, HSD Examiner
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application, CN1805-021, Mid-TN Imaging, LLC d/b/a Premier Radiology

Establishment of a new Outpatient Diagnostic Center (ODC) and Initiation of MRI and CT Services

Dear Mr. Earhart,

Thank you for your letter of May 30, 2018, confirming receipt of our supplemental response for a Certificate of Need for the establishment of an Outpatient Diagnostic Center, initiation of MRI services, and acquisition of a fixed 1.5T MRI unit in a new building under construction at 3754 Murfreesboro Pike, Antioch (Davidson County), TN.

As requested, additional supplemental responses are provided in triplicate by the 12:00 p.m., May 31, 2018 deadline along with a notarized affidavit.

1. Section B, Need, Project Specific Review Criteria, Item 4 (Non-specialty MRI Units).

Replacement page 20 (labeled as 20R) using 2017 utilization data is noted. However, it appears the number of MRI procedures (32,722) for the 12 fixed MRIs in Rutherford County in 2017 is incorrect. Please revise and provide a replacement page 20 (labeled as 20R2).

Response: Revised page 20R and relabeled as page 20R2 to reflect the correct number of MRI procedures (32,245) for the 12 fixed MRIs in Rutherford County in 2017. See Tab 1-R2.

2. Section B, Economic Feasibility, Items B (Funding)

It is noted interim financing (\$44,507.54), Reserve for One Year's Debt Service (\$403,157.81), and the CON filing fee (\$20,346.04) will be paid through current cash flows of Middle Tennessee Imaging, LLC. However, please revise pages 3 (labeled as 3R) and 37 (labeled as 37-R) Section B to reflect the project will be funded through the combination of current cash flows and a commercial loan.

Response: Revised pages 3 & 37 to reflect the project will be funded from both current operating cash flows along with a commercial loan from Pinnacle Bank. See Tab 2-R2.

Mr. Phillip Earhart
May 30, 2018
Page 2

244

Supplemental #2

May 30, 2018

3:59 pm

Thank you for the opportunity to provide this supplemental information. Should you have questions or require additional information, please do not hesitate to contact me.

A notarized affidavit is provided as Tab 3-R2.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Mark Gaw', is written over a horizontal line.

Mark Gaw
Chief Financial Officer

attachments

May 30, 2018**3:59 pm****AFFIDAVIT**STATE OF TennesseeCOUNTY OF DavidsonMARK GAW

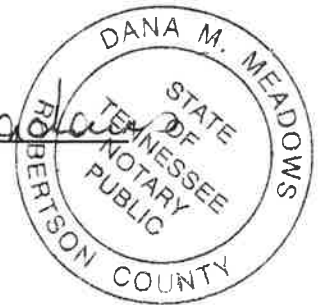
_____, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

[Signature] / CFO

SIGNATURE/TITLE

Sworn to and subscribed before me this 16th day of May, 2018 a Notary
(Month) (Year)

Public in and for the County/State of Robertson / Tennessee

Dana M. Meadows
NOTARY PUBLIC

My commission expires 8-29, 2021
(Month/Day) (Year)

[illegible]

Letter of Intent (In Triplicate)

May 18, 2018

(Note: Requesting a Simultaneous Review with Antioch
Outpatient Diagnostic Center.)



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the The Tennessean which is a newspaper
(Name of Newspaper)
of general circulation in Davidson, Tennessee, on or before 05/18, 2018
(County) (Month / day) (Year)
for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Middle Tennessee Imaging, LLC d/b/a Premier Radiology,
(Name of Applicant)

an existing outpatient diagnostic center (ODC) provider,
(Facility Type-Existing)

owned by: Middle Tennessee Imaging, LLC with an ownership type of limited liability company
and to be managed by: PhyData, LLC intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: the establishment of a new ODC, the initiation of MRI and CT services, and the acquisition of a fixed 1.5T MRI unit and a fixed 16-slice CT unit, at a new building under construction at 3754 Murfreesboro Pike, Antioch, TN, 37013 (Davidson County). The proposed project will support Middle Tennessee Imaging, LLC's CON-exempt x-ray, mammography and ultrasound services at the Saint Thomas Medical Partners – Antioch Care Center. As part of the project, 3,078 rentable square feet of medical office space will be built out for the ODC. Total project costs are estimated to be \$3,558,788.

The anticipated date of filing the application is: May 18, 2018

The contact person for this project is Mark Gaw Chief Financial Officer
(Contact Name) (Title)
who may be reached at: PhyData, LLC 3024 Business Park Circle
(Company Name) (Address)
Goodlettsville TN 37072 615 / 239-2039
(City) (State) (Zip Code) (Area Code / Phone Number)
[Signature] 5-18-18 mark.gaw@phydata.com
(Signature) (Date) (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
502 Deaderick Street
Andrew Jackson Bldg., 9th Floor
Nashville, Tennessee 37243

VIA HAND DELIVERY

RE: Middle Tennessee Imaging's CON Licensure Request to establish an Outpatient Diagnostic Center (ODC) in Antioch; VERIFIED STATEMENT CERTIFYING COMPLIANCE WITH PROCEDURAL REQUIREMENTS FOR SIMULTANEOUS REVIEW

Dear Ms. Hill:

Middle Tennessee Imaging, LLC (d/b/a Premier Radiology) is filing a letter of intent and application today for the establishment of an Outpatient Diagnostic Imaging Center in Antioch, Tennessee. We are requesting that our application be simultaneously reviewed with the application for Antioch Outpatient Diagnostic Center filed by Tennessee Imaging Services, LLC on Thursday, May 10, 2018, for the establishment of an ODC in Antioch, TN.

This letter is to serve as our verified statement certifying that we have complied with all of the procedural requirements for simultaneous review. Specifically, we have done the following:

- filed a Letter of Intent with the Agency on May 18, 2018 (within 10 calendar days of the date that the original applicant published its letter of intent);
- forwarded a copy today of our letter of intent to the original applicant via certified mail;
- published our Letter of Intent today in a newspaper of general circulation in the same county as the original applicant; and

- personally called and discussed with the contact person listed on the application filed by the original applicant to inform him of our application for simultaneous review.

We believe our letter of intent and application for certificate of need meet the requirements for simultaneous review with the original applicant's project. Specifically, both our letter of intent and the original applicant's letter of intent propose services in similar primary service areas, they propose similar locations (Antioch, TN), they are similar facilities (outpatient diagnostic imaging centers), and they are proposing to provide similar services (imaging services, including CT and MRI services).

Attached to this letter is a copy of the letter of intent that we have forwarded to the original applicant together with evidence that our letter of intent has been forwarded to the original applicant today via certified mail return receipt requested and via email.

If you need additional information, please feel free to contact me. My number is 615-239-2039.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Mark Gaw', followed by a stylized flourish.

Mark Gaw
3024 Business Park Cir.
Goodlettsville, TN 37072
Mark.gaw@phydata.com



Mark Gaw

From: John Wellborn <jwdsg@comcast.net>
Sent: Friday, May 18, 2018 10:32 AM
To: Mark Gaw
Subject: Re: Contact Information & Letter of Intent

WARNING: This email originated from outside of our internal email system. Please use **CAUTION** when clicking links, opening attachments, or providing information unless you recognize the sender and know the content is safe.

Thanks, Mark.

By the way, was your father a physician who was on staff at Southern Hills many moons ago?

John Wellborn
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, TN 37215
615-665-2022 office
615-438-6709 mobile

From: Mark Gaw <mark.gaw@phydata.com>
Date: Friday, May 18, 2018 at 10:19 AM
To: John Wellborn <jwdsg@comcast.net>
Subject: Contact Information & Letter of Intent

John –

Good speaking with you this morning. My contact information is below. Please reach out anytime.

Attached is the Letter of Intent that will be filed with our application today. I will also drop a hardcopy in the mail today.

Thanks so much.

Mark

Mark Gaw | CFO
3024 Business Park Circle | Goodlettsville, TN 37072-3132
615-239-2039 (office) | 615-296-9944 (fax)
www.PremierRadiology.com



This email message and any accompanying data or files is confidential and may contain privileged information intended only for the named recipient(s). If you are not the intended recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at the email address above, delete this email from your computer, and destroy any copies in any form immediately. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.



18-02-15

**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

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(Name of Newspaper)
of general circulation in Davidson, Tennessee, on or before 05/18, 2018
(County) (Month / day) (Year)
for one day.

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Middle Tennessee Imaging, LLC d/b/a Premier Radiology, an existing outpatient diagnostic center (ODC) provider,
(Name of Applicant) (Facility Type-Existing)

owned by: Middle Tennessee Imaging, LLC with an ownership type of limited liability company
and to be managed by: PhyData, LLC intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: the establishment of a new ODC, the initiation of MRI and CT services, and the acquisition of a fixed 1.5T MRI unit and a fixed 16-slice CT unit, at a new building under construction at 3754 Murfreesboro Pike, Antioch, TN, 37013 (Davidson County). The proposed project will support Middle Tennessee Imaging, LLC's CON-exempt x-ray, mammography and ultrasound services at the Saint Thomas Medical Partners – Antioch Care Center. As part of the project, 3,078 rentable square feet of medical office space will be built out for the ODC. Total project costs are estimated to be \$3,558,788.

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(Contact Name) (Title)
who may be reached at: PhyData, LLC 3024 Business Park Circle
(Company Name) (Address)
Goodlettsville TN 37072 615 / 239-2039
(City) (State) (Zip Code) (Area Code / Phone Number)
[Signature] 5-18-18 mark.gaw@phydata.com
(Signature) (Date) (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

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502 Deaderick Street
Nashville, Tennessee 37243**

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05/18/2018 11:03 AM

WEST
4501 CHARLOTTE AVE
NASHVILLE
TN

37209-9998
4761590298
05/18/2018 (800)275-8777 11:03 AM

Product Description	Sale Qty	Final Price
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First-Class Mail	1	\$1.00
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Large Envelope
(Domestic)
(NASHVILLE, TN 37215)
(Weight:0 Lb 0.70 Oz)
(Estimated Delivery Date)
(Monday 05/21/2018)

Certified	1	\$3.45
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(@USPS Certified Mail #)
(70180360000175983945)

First-Class Mail	1	\$1.00
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Large Envelope
(Domestic)
(NASHVILLE, TN 37215)
(Weight:0 Lb 0.80 Oz)
(Estimated Delivery Date)
(Monday 05/21/2018)

Certified	1	\$3.45
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(@USPS Certified Mail #)
(70180360000175983945)

Return Receipt	1	\$2.75
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(@USPS Return Receipt #)
(9590940236097305930746)

Affixed Postage	1	(\$4.45)
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(Affixed Amount:\$4.45)

Total	\$7.20
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Credit Card Remitd	\$7.20
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(Card Name:VISA)
(Account #:XXXXXXXXXX4679)
(Approval #:047393)
(Transaction #:023)
(Entry Mode:Chip)
(AID:A000000003101001)
(Application Label:VISA CREDIT)
(PIN:PIN Not Required)
(Cryptogram:B6B7FAA59C2BB8E0)
(ARC:00)
(CVR:5E0000)
(IAD:06010A03600002)
(TSI:F800)
(TVR:0000000000)

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NASHVILLE, TN 37215

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0298
88

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☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postmark
Here

Postage \$1.00

Total Postage and Fees \$4.45

05/18/2018

Sent To

Street and Apt. No., or PO Box

City, State, ZIP+4®

NASHVILLE TN 37209

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

2018

AFFIDAVIT

STATE OF Tennessee
COUNTY OF Dandee

MARK GAW, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. §68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

[Signature] / CFO
SIGNATURE/TITLE

Sworn to and subscribed before me this 16th day of May, 2018 a Notary
(Month) (Year)

Public in and for the County/State of Robertson / Tennessee.



My commission expires 8-29, 2021.
(Month/Day) (Year)

**RULES
OF
HEALTH SERVICES AND DEVELOPMENT AGENCY**

**CHAPTER 0720-11
CERTIFICATE OF NEED PROGRAM – GENERAL CRITERIA**

TABLE OF CONTENTS

0720-11-.01 General Criteria for Certificate of Need

0720-11-.01 GENERAL CRITERIA FOR CERTIFICATE OF NEED. The Agency will consider the following general criteria in determining whether an application for a certificate of need should be granted:

- (1) Need. The health care needed in the area to be served may be evaluated upon the following factors:
 - (a) The relationship of the proposal to any existing applicable plans;
 - (b) The population served by the proposal;
 - (c) The existing or certified services or institutions in the area;
 - (d) The reasonableness of the service area;
 - (e) The special needs of the service area population, including the accessibility to consumers, particularly women, racial and ethnic minorities, TennCare participants, and low-income groups;
 - (f) Comparison of utilization/occupancy trends and services offered by other area providers;
 - (g) The extent to which Medicare, Medicaid, TennCare, medically indigent, charity care patients and low income patients will be served by the project. In determining whether this criteria is met, the Agency shall consider how the applicant has assessed that providers of services which will operate in conjunction with the project will also meet these needs.
- (2) Economic Factors. The probability that the proposal can be economically accomplished and maintained may be evaluated upon the following factors:
 - (a) Whether adequate funds are available to the applicant to complete the project;
 - (b) The reasonableness of the proposed project costs;
 - (c) Anticipated revenue from the proposed project and the impact on existing patient charges;
 - (d) Participation in state/federal revenue programs;
 - (e) Alternatives considered; and
 - (f) The availability of less costly or more effective alternative methods of providing the benefits intended by the proposal.

(Rule 0720-11-.01, continued)

- (3) Quality. Whether the proposal will provide health care that meets appropriate quality standards may be evaluated upon the following factors:
 - (a) Whether the applicant commits to maintaining an actual payor mix that is comparable to the payor mix projected in its CON application, particularly as it relates to Medicare, TennCare/Medicaid, Charity Care, and the Medically Indigent;
 - (b) Whether the applicant commits to maintaining staffing comparable to the staffing chart presented in its CON application;
 - (c) Whether the applicant will obtain and maintain all applicable state licenses in good standing;
 - (d) Whether the applicant will obtain and maintain TennCare and Medicare certification(s), if participation in such programs was indicated in the application;
 - (e) Whether an existing healthcare institution applying for a CON has maintained substantial compliance with applicable federal and state regulation for the three years prior to the CON application. In the event of non-compliance, the nature of non-compliance and corrective action shall be considered;
 - (f) Whether an existing health care institution applying for a CON has been decertified within the prior three years. This provision shall not apply if a new, unrelated owner applies for a CON related to a previously decertified facility;
 - (g) Whether the applicant will participate, within 2 years of implementation of the project, in self-assessment and external peer assessment processes used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.
 1. This may include accreditation by any organization approved by Centers for Medicare and Medicaid Services (CMS) and other nationally recognized programs. The Joint Commission or its successor, for example, would be acceptable if applicable. Other acceptable accrediting organizations may include, but are not limited to, the following:
 - (i) Those having the same accrediting standards as the licensed hospital of which it will be a department, for a Freestanding Emergency Department;
 - (ii) Accreditation Association for Ambulatory Health Care, and where applicable, American Association for Accreditation of Ambulatory Surgical Facilities, for Ambulatory Surgical Treatment Center projects;
 - (iii) Commission on Accreditation of Rehabilitation Facilities (CARF), for Comprehensive Inpatient Rehabilitation Services and Inpatient Psychiatric projects;
 - (iv) American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO), National Cancer Institute (NCI), or a similar accrediting authority, for Megavoltage Radiation Therapy projects;
 - (v) American College of Radiology, for Positron Emission Tomography, Magnetic Resonance Imaging and Outpatient Diagnostic Center projects;

(Rule 0720-11-.01, continued)

- (vi) Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, or another accrediting body with deeming authority for hospice services from CMS or state licensing survey, and/or other third party quality oversight organization, for Hospice projects;
 - (vii) Behavioral Health Care accreditation by the Joint Commission for Nonresidential Substitution Based Treatment Center, for Opiate Addiction projects;
 - (viii) American Society of Transplantation or Scientific Registry of Transplant Recipients, for Organ Transplant projects;
 - (ix) Joint Commission or another appropriate accrediting authority recognized by CMS, or other nationally recognized accrediting organization, for a Cardiac Catheterization project that is not required by law to be licensed by the Department of Health;
 - (x) Participation in the National Cardiovascular Data Registry, for any Cardiac Catheterization project;
 - (xi) Participation in the National Burn Repository, for Burn Unit projects;
 - (xii) Community Health Accreditation Program, Inc., Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for home health services from CMS and participation in the Medicare Quality Initiatives, Outcome and Assessment Information Set, and Home Health Compare, or other nationally recognized accrediting organization, for Home Health projects; and
 - (xiii) Participation in the National Palliative Care Registry, for Hospice projects.
- (h) For Ambulatory Surgical Treatment Center projects, whether the applicant has estimated the number of physicians by specialty expected to utilize the facility, developed criteria to be used by the facility in extending surgical and anesthesia privileges to medical personnel, and documented the availability of appropriate and qualified staff that will provide ancillary support services, whether on- or off-site.
- (i) For Cardiac Catheterization projects:
 - 1. Whether the applicant has documented a plan to monitor the quality of its cardiac catheterization program, including but not limited to, program outcomes and efficiencies;
 - 2. Whether the applicant has agreed to cooperate with quality enhancement efforts sponsored or endorsed by the State of Tennessee, which may be developed per Policy Recommendation; and
 - 3. Whether the applicant will staff and maintain at least one cardiologist who has performed 75 cases annually averaged over the previous 5 years (for an adult program), and 50 cases annually averaged over the previous 5 years (for a pediatric program).
- (j) For Open Heart projects:

(Rule 0720-11-.01, continued)

1. Whether the applicant will staff with the number of cardiac surgeons who will perform the volume of cases consistent with the State Health Plan (annual average of the previous 2 years), and whether the applicant will maintain this volume in the future;
 2. Whether the applicant will staff and maintain at least one surgeon with 5 years of experience;
 3. Whether the applicant will participate in a data reporting, quality improvement, outcome monitoring, and peer review system that benchmarks outcomes based on national norms, with such a system providing for peer review among professionals practicing in facilities and programs other than the applicant hospital (demonstrated active participation in the STS National Database is expected and shall be considered evidence of meeting this standard);
- (k) For Comprehensive Inpatient Rehabilitation Services projects, whether the applicant will have a board-certified physiatrist on staff (preferred);
- (l) For Home Health projects, whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;
- (m) For Hospice projects, whether the applicant has documented its existing or proposed plan for quality data reporting, quality improvement, and an outcome and process monitoring system;
- (n) For Megavoltage Radiation Therapy projects, whether the applicant has demonstrated that it will meet the staffing and quality assurance requirements of the American Society of Therapeutic Radiation and Oncology (ASTRO), the American College of Radiology (ACR), the American College of Radiation Oncology (ACRO), National Cancer Institute (NCI), or a similar accrediting authority;
- (o) For Neonatal Intensive Care Unit projects, whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system; whether the applicant has documented the intention and ability to comply with the staffing guidelines and qualifications set forth by the Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities; and whether the applicant will participate in the Tennessee Initiative for Perinatal Quality Care (TIPQC);
- (p) For Nursing Home projects, whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring systems, including in particular details on its Quality Assurance and Performance Improvement program. As an alternative to the provision of third party accreditation information, applicants may provide information on any other state, federal, or national quality improvement initiatives;
- (q) For Inpatient Psychiatric projects:
1. Whether the applicant has demonstrated appropriate accommodations for patients (e.g., for seclusion/restraint of patients who present management problems and children who need quiet space; proper sleeping and bathing arrangements for all patients), adequate staffing (i.e., that each unit will be staffed with at least two direct patient care staff, one of which shall be a nurse, at all

(Rule 0720-11-.01, continued)

- times), and how the proposed staffing plan will lead to quality care of the patient population served by the project;
 2. Whether the applicant has documented its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system; and
 3. Whether an applicant that owns or administers other psychiatric facilities has provided information on satisfactory surveys and quality improvement programs at those facilities.
- (r) For Freestanding Emergency Department projects, whether the applicant has demonstrated that it will satisfy and maintain compliance with standards in the State Health Plan;
 - (s) For Organ Transplant projects, whether the applicant has demonstrated that it will satisfy and maintain compliance with standards in the State Health Plan; and
 - (t) For Relocation and/or Replacement of Health Care Institution projects:
 1. For hospital projects, Acute Care Bed Need Services measures are applicable; and
 2. For all other healthcare institutions, applicable facility and/or service specific measures are applicable.
 - (u) For every CON issued on or after the effective date of this rule, reporting shall be made to the Health Services and Development Agency each year on the anniversary date of implementation of the CON, on forms prescribed by the Agency. Such reporting shall include an assessment of each applicable volume and quality standard and shall include results of any surveys or disciplinary actions by state licensing agencies, payors, CMS, and any self-assessment and external peer assessment processes in which the applicant participates or participated within the year, which are relevant to the health care institution or service authorized by the certificate of need. The existence and results of any remedial action, including any plan of correction, shall also be provided.
 - (v) HSDA will notify the applicant and any applicable licensing agency if any volume or quality measure has not been met.
 - (w) Within one month of notification the applicant must submit a corrective action plan and must report on the progress of the plan within one year of that submission.
- (4) Contribution to the Orderly Development of Adequate and Effective Healthcare Facilities and/or Services. The contribution which the proposed project will make to the orderly development of an adequate and effective health care system may be evaluated upon the following factors:
 - (a) The relationship of the proposal to the existing health care system (for example: transfer agreements, contractual agreements for health services, the applicant's proposed TennCare participation, affiliation of the project with health professional schools);
 - (b) The positive or negative effects attributed to duplication or competition; and

(Rule 0720-11-.01, continued)

- (c) The availability and accessibility of human resources required by the proposal, including consumers and related providers.
- (5) Applications for Change of Site. When considering a certificate of need application which is limited to a request for a change of site for a proposed new health care institution, The Agency may consider, in addition to the foregoing factors, the following factors:
 - (a) Need. The applicant should show the proposed new site will serve the health care needs in the area to be served at least as well as the original site. The applicant should show that there is some significant legal, financial, or practical need to change to the proposed new site.
 - (b) Economic factors. The applicant should show that the proposed new site would be at least as economically beneficial to the population to be served as the original site.
 - (c) Quality of Health Care to be provided. The applicant should show the quality of health care to be provided will be served at least as well as the original site.
 - (d) Contribution to the orderly development of health care facilities and/or services. The applicant should address any potential delays that would be caused by the proposed change of site, and show that any such delays are outweighed by the benefit that will be gained from the change of site by the population to be served.
- (6) Certificate of need conditions. In accordance with T.C.A. § 68-11-1609, The Agency, in its discretion, may place such conditions upon a certificate of need it deems appropriate and enforceable to meet the applicable criteria as defined in statute and in these rules.

Authority: T.C.A. §§ 4-5-202, 4-5-208, 68-11-1605, 68-11-1609, and 2016 Tenn. Pub. Acts Ch. 1043.

Administrative History: Original rule filed August 31, 2005; effective November 14, 2005. Emergency rule filed May 31, 2017; effective through November 27, 2017.

**CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954**

DATE: July 30, 2018

APPLICANT: Middle Tennessee Imaging, LLC d/b/a Premier Radiology
37254 Murfreesboro Pike
Antioch, TN 37013

CON# CN1805-021

CONTACT PERSON: Mark Gaw
PhyData
3024 Business Park Circle
Goodlettsville, TN 37072

COST: \$3,558,788.46

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:

The applicant, Middle Tennessee Imaging, LLC (MTI) d/b/a Premier Radiology is proposing the establishment of a new Outpatient Diagnostic Center (ODC), the initiation of MRI and CT services and the acquisition of a fixed 1.5 T MRI unit and a fixed 16-slice CT unit, all at 3754 Murfreesboro Pike, Antioch, TN in Davidson County. This ODC is projected to serve MTI's existing patients from three zip codes in Davidson and Rutherford County. These zip codes include 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs.

MTI is a joint venture between Saint Thomas Health (53.86%), NOL, LLC (42.15%), and Murfreesboro Imaging Partners (3.99%). Other than The Pain Management Group, P.C., there are no MRI units or CT units in the proposed three zip code service area. Davidson and Rutherford County are in high growth areas southeast of Nashville. Traffic in and around the service area is a growing concern, causing additional access issues to existing providers.

The total project costs are \$3,558,788, including equipment costs of \$1,134,589 and leased facility cost of \$1,310,476 for 3,078 rentable space over a 10-year period. These costs will be funded by both a loan from Pinnacle Bank in Nashville and from ongoing operating cash flows of Middle Tennessee Imaging, LLC. The project is expected to reach a positive financial margin in its second year of operation and will require minimal staffing.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

NEED:

The applicant declares the service area to be three zip codes in Davidson and Rutherford County. These zip codes include 37013 Antioch, 37086 La Vergne, and 37217 Nashboro Village and Smith Springs.

2018-2022 Total Population Projections

County	2018	2022	% Increase or Decrease
Davidson	700,384	729,829	4.2%
Rutherford	323,336	353,516	9.3%
Total	1,023,720	1,083,345	6.75%

Tennessee Population Projections 2017 Revised UTCBER, Tennessee Department of Health

Over the past three years, Davidson and Rutherford County providers of MRI and CT services have experienced rapid growth in utilization. Demand for these services is expected to grow as population growth in these three counties. Aging of the patient population and reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient co-pays and deductibles are less in ODC settings.

The proposal is projected to serve patients in three zip codes in Davidson County and Rutherford County. None of the existing centers are close enough to be convenient for the patient population in the service area given the congestive traffic conditions in and around the service area, especially during peak times. MTI's closest imaging center is in Smyrna, which is 7.3 miles away. Other MTI imaging centers in the surrounding area include MTI's Hermitage center which is 12.2 miles away from the new center, MTI's Mt. Juliet center which is 11.3 miles away from the new center, and MTI's Lennox Village Center which is 9.2 miles away from the new center location. Rather than travel these long distances, patients from the proximate zip codes within Davidson and Rutherford County are expected and encouraged to receive the full range of imaging services from this new location in Antioch.

MTI-Antioch's service area has an estimated 2017 population of 156,481. The overall service area is projected to grow by a rate of 8.6% or 13,484 residents by the Year 2022.

Based on conservative assumptions, MTI-Antioch projects that its volumes will meet HSDA's guidelines for new MRI units. The following table shows actual MRI procedures performed by MTI imaging centers on patients from these three service area zip codes. The projected 2022 procedures are derived through forecasted population growth for each zip code.

MTI Imaging Centers: MRI Procedures by Patient Zip Code, 2017- 2022

Zip Code	City	Actual CY 2017	Population Growth	Projected CY 2022
37013	Antioch	1,895	9.4%	2,073
37086	La Vergne	1,093	8.4%	1,185
37217	Nashboro Village/Smith Springs	658	6.6%	701
	Total	3,646		3,959

MTI-Antioch is projected to achieve its MRI procedures from a number of different avenues. It can do this through the already existing MTI patient referral patterns. Also, MTI-Antioch hopes to have patient redirections from existing MTI imaging centers to this more convenient location as well as the population growth of the service area. MRI Through population projections for the service area and internal MTI redirection rates, MTI-Antioch will be able to achieve the following volumes for 2019 - 2022.

MTI-Antioch MRI Procedure Projections

Service	Base 2017	Interim 2018	Year 1 (2019)	Year 2 (2020)	Year 3 (2021)	Year 4 (2022)
MTI Procedures with Service Area Pop. Growth	3,646	3,709	3,771	3,834	3,897	3,959
Internal Redirection Rate			68%	71%	75%	78%
Total MRI- Antioch			2,552	2,735	2,917	3,099

*Note: MTI annual procedures are interpolated from preceding table.

MTI Antioch is projected to serve fewer MRI patients than MTI facilities served in 2017, and therefore, cannot have an adverse impact on other service area MRI providers. The service area population growth is sufficient for existing and underutilized MRI providers to achieve higher volumes as well. The MRI providers within the three zip code area operated at 93.6% of effective capacity in the most recent reporting year of 2017.

The MRI volumes for the proposed project are based on a number of different factors. These factors include redirection of existing utilization at other MTI imaging centers to MTI-Antioch on the basis of improved access, better continuity of patient care, and greater convenience for the patient. By the year 2022, the total population is expected to increase by 8.6% and the adult population, ages 25 and over, is expected to increase by 7.9%. Over the past three reporting years, the demand for Davidson and Rutherford County MRI providers has steadily increased and is expected to continue to increase over the next five years.

The project is also consistent with the Five Principles for Achieving Better Health, as articulated by the State Health Plan. MTI has a long-term plan of providing cost-effective outpatient imaging services in patient-friendly facilities. MTI works closely with Saint Thomas medical group to provide patient care close to home and in a low cost setting. The project will expand access to MRI services in high population growth areas. Also, MTI's proposed 1.5T GE MRI unit comes at a cost of only \$475,989, representing very affordable care and high quality technology. Furthermore, the proposed three-zip code service area represents approximately 95 percent of MTI-Antioch's MRI and CT procedures.

The following chart illustrates the projected utilization of the proposal:

Service Area Counties	Projected Utilization – MRI and CT (Year 2)	Percent of Total Procedures
Davidson	3,512	71.4%
Rutherford	1,406	28.6%
Other	-	-
Total	4,918	100%

Due to the fact that this is a new project, there are no historical utilization statistics for the project, which is expected to serve patients from three zip codes in Davidson and Rutherford County. By redirecting only a portion of these existing patients to MTI-Antioch, the applicant projects 2,552 MRI procedures in the first year and 2,735 MRI procedures in the second year. This would equate to a 71% utilization in Year 1 and a 76% utilization by Year 2.

TENNCARE/MEDICARE ACCESS:

MTI provides services without regard to gender, race, socio-economic status, or ability to pay, and participates in the Medicare and TennCare programs. The project qualifies for special consideration due to the fact that the applicant contracts with four TennCare MCOs and participates in the Medicare program. The applicant's Medicare Provider Number is 10G706948 and the Medicaid Provider Number is 3790913.

Project Payor Mix Year One		
Payor Source	Projected Gross Operating Revenue	% of Total
Medicare/Medicare Managed Care	\$739,634	13.85%
TennCare/Medicaid	\$741,236	13.88%
Commercial/Other Managed Care	\$3,434,893	64.32%
Self-Pay	\$91,319	1.71%
Charity Care	\$32,042	0.6%
Other	\$301,195	5.64%
Total	\$5,340,319	100.0%

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and if the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located on page 36 of the application. The total estimated cost of the project is \$3,558,788.46. The project costs include space lease costs with rate escalations for 3,078 rentable square feet over the initial 10-year term. The MRI and CT equipment will be purchased used, as opposed to new. Per MTI policy, all maintenance required will be funded through operations as needed.

The project will be funded through a line of credit from Pinnacle Financial Partners as outlined by a letter from Pinnacle in Supplemental 1 of the application.

Historical Data Chart: As a new project, there is no historical data.

Projected Data Chart: The Projected Data Charts are located on pages 41 and 42 of the application. In the first two years, the total facility is projected to make \$(13,231) in 2019, or Year 1, and \$180,304 in 2020, or Year 2. The project on its own is projected to make \$178,476 in 2019, or Year 1, and \$324,390 in 2020, or Year 2.

MTI-Antioch MRI Procedure Projections

Service	Base 2017	Interim 2018	Year 1 (2019)	Year 2 (2020)	Year 3 (2021)	Year 4 (2022)
MTI Procedures with Service Area Pop. Growth	3,646	3,709	3,771	3,834	3,897	3,959
Internal Redirection Rate			68%	71%	75%	78%
Total MRI-Antioch			2,552	2,735	2,917	3,099

*Note: MTI annual procedures are interpolated from preceding table.

The Average Gross Charges per MRI exam for years one and two are indicated in the following table:

	Project Previous Year	Project Current Year	Project Year One	Project Year Two	% Change (Current Yr. to Yr. 2)
Gross Charge (Gross Operating Revenue/Utilization Data)	N/A	N/A	\$2,092	\$2,092	0.00%
Deductions from Revenue (Total Deductions/Utilization Data)	N/A	N/A	\$1,578	\$1,578	0.00%
Average Net Charge (Net Operating Revenue/Utilization Data)	N/A	N/A	\$371	\$371	0.00%

The charges for services in the proposed ODC facility will be the same as the current charges at MTI's other ODCs. There will be no increase in the charges due to the project. Representative charges for the highest volume CPT codes at this facility are as follows:

CPT Code	Procedure Description	Charge	Medicare Reimbursement
70553	MRI Brain with and w/o contrast	\$2,933	\$353.22
72141	MRI Spine w/o contrast	\$1,888	\$210.54
72148	MRI Lumbar w/o contrast	\$1,888	\$210.54
73721	MRI Lower Extremity w/o contrast	\$2,008	\$221.75

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:

There are numerous positive effects associated with the implementation of this project. The providers of MRI and CT services have experienced growth in utilization over the past three years and are operating at high effective capacities. The demand for these services is expected to grow

as the service area population increases. Also, reimbursement plans continue to shift a greater portion of healthcare costs to the patient. ODCs are not reimbursed at higher hospital outpatient department (HOPD) rates, so patient deductibles and co-pays are less in the ODC setting. Furthermore, the applicant expects that this proposal will have a positive impact on the delivery of high tech imaging services for the residents of Davidson and Rutherford County. Since Antioch is an area of high growth, traffic between Antioch and downtown Nashville is a growing concern, causing access issues to existing providers. This project will help to alleviate this issue.

The applicant expects the negative effects of the project to be minimal, if there are any at all. MTI will be able to achieve sufficient volumes to meet HSDA's guidelines by redirecting a portion of its existing patient population to MTI- Antioch. Also, population growth in the service area is expected to increase the utilization of existing providers in the area.

QUALITY STANDARDS:

MTI is committed to establishing and maintaining accreditation following installation of the MRI machine, including staff education and training programs. Like MTI's other existing ODCs, the MTI-Antioch ODC will be licensed by the Tennessee Department of Health. The MRI and CT units will be accredited by the American College of Radiology. The applicant provides documentation from their existing sites of current ACR accreditation. As an existing ODC provider of MRI and CT services, existing MTI policies regarding medical necessity and medical appropriateness will be maintained. Emergencies in outpatient imaging ODCs are rare, but there is a protocol in place should such a situation arise. The physicians and technologists will be trained to handle emergency situations. Also, a crash cart will be stocked with appropriate emergency equipment at all times.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

OUTPATIENT DIAGNOSTIC CENTERS

1. The need for outpatient diagnostic services shall be determined on a county by county basis (with data presented for contiguous counties for comparative purposes) and should be projected four years into the future using available population figures.

2018-2022 Total Population Projections

<i>County</i>	<i>2018</i>	<i>2022</i>	<i>% Increase or Decrease</i>
<i>Davidson</i>	<i>700,384</i>	<i>729,829</i>	<i>4.2%</i>
<i>Rutherford</i>	<i>323,336</i>	<i>353,516</i>	<i>9.3%</i>
<i>Total</i>	<i>1,023,720</i>	<i>1,083,345</i>	<i>6.75%</i>

Tennessee Population Projections 2017 Revised UTCBER, Tennessee Department of Health

2. Approval of additional outpatient diagnostic services will be made only when it is demonstrated that existing services in the applicant's geographical service area are not adequate and/or there are special circumstances that require additional services.

MTI's closest imaging center is in Smyrna, which is 7.3 miles away. Other MTI imaging centers in the surrounding area include MTI's Hermitage center which is 12.2 miles away from the new center, MTI's Mt. Juliet center which is 11.3 miles away from the new center, and MTI's Lennox Village Center which is 9.2 miles away from the new center location. Rather than travel these long distances, patients from the proximate zip codes within Davidson and

Rutherford County are expected and encouraged to receive the full range of imaging services from this new location in Antioch.

3. Any special needs and circumstances:

- a. The needs of both medical and outpatient diagnostic facilities and services must be analyzed.

The applicant states that the only other MRI unit in the zip code area is located in a physician office. However, there are 60 MRI units in the two county service area.

- b. Other special needs and circumstances, which might be pertinent, must be analyzed.

The applicant addresses rapid population growth, increased traffic levels, and access to lower cost ODC services for this criterion.

- c. The applicant must provide evidence that the proposed diagnostic outpatient services will meet the needs of the potential clientele to be served.

1. The applicant must demonstrate how emergencies within the outpatient diagnostic facility will be managed in conformity with accepted medical practice.

As with all MTI ODCs, physicians and technologists will be trained to handle emergency situations. A crash cart with appropriate equipment and medications will be maintained at all times. Hospital transfer agreements will be in place with Saint Thomas Health, included in Attachment, Tab 11.

2. The applicant must establish protocols that will assure that all clinical procedures performed are medically necessary and will not unnecessarily duplicate.

The applicant states that as an existing ODC provider, existing policies regarding medical necessity and medical appropriateness will be maintained.

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

MAGNETIC RESONANCE IMAGING SERVICES

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide Magnetic Resonance Imaging (MRI) services. Existing providers of MRI services are not affected by these standards and criteria unless they take an action that requires a new certificate of need (CON) for MRI services.

These standards and criteria are effective immediately as of December 21, 2011, the date of approval and adoption by the Governor of the State Health Plan changes for 2011. Applications to provide MRI services that were deemed complete by HSDA prior to this date shall be considered under the Guidelines for Growth, 2000 Edition.

Standards and Criteria

1. Utilization Standards for non-Specialty MRI Units.

- a. An applicant proposing a new non-Specialty stationary MRI service should project a minimum of at least 2160 MRI procedures in the first year of service, building to a minimum of 2520 procedures per year by the second year of service, and building to a minimum of 2880 procedures per year by the third year of service and for every year thereafter.

MTI-Antioch MRI Procedure Projections

<i>Service</i>	<i>Base 2017</i>	<i>Interim 2018</i>	<i>Year 1 (2019)</i>	<i>Year 2 (2020)</i>	<i>Year 3 (2021)</i>	<i>Year 4 (2022)</i>
<i>MTI Procedures with Service Area Pop. Growth</i>	3,646	3,709	3,771	3,834	3,897	3,959
<i>Internal Redirection Rate</i>			68%	71%	75%	78%
<i>Total MRI- Antioch</i>			<i>2,552</i>	<i>2,735</i>	<i>2,917</i>	<i>3,099</i>

- b. Providers proposing a new non-Specialty mobile MRI service should project a minimum of at least 360 mobile MRI procedures in the first year of service per day of operation per week, building to an annual minimum of 420 procedures per day of operation per week by the second year of service, and building to a minimum of 480 procedures per day of operation per week by the third year of service and for every year thereafter.

Not applicable.

- c. An exception to the standard number of procedures may occur as new or improved technology and equipment or new diagnostic applications for MRI units are developed. An applicant must demonstrate that the proposed unit offers a unique and necessary technology for the provision of health care services in the Service Area.

Not applicable.

- d. Mobile MRI units shall not be subject to the need standard in paragraph 1 b if fewer than 150 days of service per year are provided at a given location. However, the applicant must demonstrate that existing services in the applicant's Service Area are not adequate and/or that there are special circumstances that require these additional services.

Not applicable.

- e. Hybrid MRI Units. The HSDA may evaluate a CON application for an MRI “hybrid” Unit (an MRI Unit that is combined/utilized with medical equipment such as a megavoltage radiation therapy unit or a positron emission tomography unit) based on the primary purposes of the Unit.

Not applicable.

2. Access to MRI Units. All applicants for any proposed new MRI Unit should document that the proposed location is accessible to approximately 75% of the Service Area’s population. Applications that include non-Tennessee counties in their proposed Service Areas should provide evidence of the number of existing MRI units that service the non-Tennessee counties and the impact on MRI unit utilization in the non-Tennessee counties, including the specific location of those units located in the non-Tennessee counties, their utilization rates, and their capacity (if that data are available).

Projected 2017-2022 Total Population Growth

Zip Code	City	Population (2017)	Population (2022)	Growth
37013	Antioch	89,154	97,573	9.4%
37086	La Vergne	34,704	37,606	8.4%
37217	Nashboro Village/Smith Springs	32,623	34,786	6.6%
	Total	156,481	169,965	8.6%

3. Economic Efficiencies. All applicants for any proposed new MRI Unit should document that alternate shared services and lower cost technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

The applicant will purchase a refurbished MRI unit equipped with modern technology at a cost of less than half of new units.

4. Need Standard for non-Specialty MRI Units.

A need likely exists for one additional non-Specialty MRI unit in a Service Area when the combined average utilization of existing MRI service providers is at or above 80% of the total capacity of 3600 procedures, or 2880 procedures, during the most recent twelve-month period reflected in the provider medical equipment report maintained by the HSDA. The total capacity per MRI unit is based upon the following formula:

Stationary MRI Units: 1.20 procedures per hour x twelve hours per day x 5 days per week x 50 weeks per year = 3,600 procedures per year

Mobile MRI Units: Twelve (12) procedures per day x days per week in operation x 50 weeks per year. For each day of operation per week, the optimal efficiency is 480 procedures per year, or 80 percent of the total capacity of 600 procedures per year.

According to the HSDA Equipment Registry, there are a total of 60 combined fixed MRI units in the two county service area of which provided 176,342 procedures in 2017. These units averaged 2,939 procedures per unit.

*These units operated at **81.6%** of the total capacity of 3600 annual procedures.*

5. Need Standards for Specialty MRI Units.

Question 5 in its entirety is not applicable.

- a. Dedicated fixed or mobile Breast MRI Unit. An applicant proposing to acquire a dedicated fixed or mobile breast MRI unit shall not receive a CON to use the MRI unit for non-dedicated purposes and shall demonstrate that annual utilization of the proposed MRI unit in the third year of operation is projected to be at least 1,600 MRI procedures (.80 times the total capacity of 1 procedure per hour times 40 hours per week times 50 weeks per year), and that:
 1. It has an existing and ongoing working relationship with a breast-imaging radiologist or radiology proactive group that has experience interpreting breast images provided by mammography, ultrasound, and MRI unit equipment, and that is trained to interpret images produced by an MRI unit configured exclusively for mammographic studies;
 2. Its existing mammography equipment, breast ultrasound equipment, and the proposed dedicated breast MRI unit are in compliance with the federal Mammography Quality Standards Act;
 3. It is part of or has a formal affiliation with an existing healthcare system that provides comprehensive cancer care, including radiation oncology, medical oncology, surgical oncology and an established breast cancer treatment program that is based in the proposed service area.
 4. It has an existing relationship with an established collaborative team for the treatment of breast cancer that includes radiologists, pathologists, radiation oncologists, hematologist/oncologists, surgeons, obstetricians/gynecologists, and primary care providers.
- b. Dedicated fixed or mobile Extremity MRI Unit. An applicant proposing to institute a Dedicated fixed or mobile Extremity MRI Unit shall provide documentation of the total capacity of the proposed MRI Unit based on the number of days of operation each week, the number of days to be operated each year, the number of hours to be operated each day, and the average number of MRI procedures the unit is capable of performing each hour. The applicant shall then demonstrate that annual utilization of the proposed MRI Unit in the third year of operation is reasonably projected to be at least 80 per cent of the total capacity. Non-specialty MRI procedures shall not be performed on a Dedicated fixed or mobile Extremity MRI Unit and a CON granted for this use should so state on its face.

- c. Dedicated fixed or mobile Multi-position MRI Unit. An applicant proposing to institute a Dedicated fixed or mobile Multi-position MRI Unit shall provide documentation of the total capacity of the proposed MRI Unit based on the number of days of operation each week, the number of days to be operated each year, the number of hours to be operated each day, and the average number of MRI procedures the unit is capable of performing each hour. The applicant shall then demonstrate that annual utilization of the proposed MRI Unit in the third year of operation is reasonably projected to be at least 80 per cent of the total capacity. Non-specialty MRI procedures shall not be performed on a Dedicated fixed or mobile Multi-position MRI Unit and a CON granted for this use should so state on its face.
- 6. Separate Inventories for Specialty MRI Units and non-Specialty MRI Units. If data availability permits, Breast, Extremity, and Multi-position MRI Units shall not be counted in the inventory of non-Specialty fixed or mobile MRI Units, and an inventory for each category of Specialty MRI Unit shall be counted and maintained separately. None of the Specialty MRI Units may be replaced with non-Specialty MRI fixed or mobile MRI Units and a Certificate of Need granted for any of these Specialty MRI Units shall have included on its face a statement to that effect. A non-Specialty fixed or mobile MRI Unit for which a CON is granted for Specialty MRI Unit purpose use-only shall be counted in the specific Specialty MRI Unit inventory and shall also have stated on the face of its Certificate of Need that it may not be used for non-Specialty MRI purposes.

Not applicable. No specialty or mobile units are included in the applicant's proposal.

- 7. Patient Safety and Quality of Care. The applicant shall provide evidence that any proposed MRI Unit is safe and effective for its proposed use.
 - a. The United States Food and Drug Administration (FDA) must certify the proposed MRI Unit for clinical use.

FDA approval letter for the proposed MRI unit is included in Attachment Tab 10 of the application.

- b. The applicant should demonstrate that the proposed MRI Procedures will be offered in a physical environment that conforms to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements.

The applicant provides a letter from Solomon Builders outlining plans for construction using federal, state, and equipment manufacturer requirements.

- c. The applicant should demonstrate how emergencies within the MRI Unit facility will be managed in conformity with accepted medical practice.

As with all MTI ODCs, physicians and technologists will be trained to handle emergency situations. A crash cart with appropriate equipment and medications will be maintained at all times. Hospital transfer agreements will be in place with Saint Thomas Health, included in Attachment, Tab 11.

- d. The applicant should establish protocols that assure that all MRI Procedures performed are medically necessary and will not unnecessarily duplicate other services.

The applicant states that as an existing ODC provider, existing policies regarding medical necessity and medical appropriateness will be maintained.

- e. An applicant proposing to acquire any MRI Unit or institute any MRI service, including Dedicated Breast and Extremity MRI Units, shall demonstrate that it meets or is prepared to meet the staffing recommendations and requirements set forth by the American College of Radiology, including staff education and training programs.

As with all other MTI existing providers, MTI Antioch will provide required ACR training and education to its staff.

- f. All applicants shall commit to obtain accreditation from the Joint Commission, the American College of Radiology, or a comparable accreditation authority for MRI within two years following operation of the proposed MRI Unit.

MTI is committed to establishing and maintaining accreditation following installation of the MRI machine, including staff education and training programs. Like MTI's other existing ODCs, the MTI-Antioch ODC will be licensed by the Tennessee Department of Health. The MRI and CT units will be accredited by the American College of Radiology within two years.

- g. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with its physician medical director must specify that said physician be an active member of the subject transfer agreement hospital medical staff.

Hospital transfer agreements will be maintained with Saint Thomas Health.

- 8. The applicant should provide assurances that it will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

The applicant agrees to provide the required state documentation in a timely manner.

- 9. In light of Rule 0720-11.01, which lists the factors concerning need on which an application may be evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

- a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration;

Not applicable.

- b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

Not applicable.

- c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

MTI provides services without regard to gender, race, socio-economic status, or ability to pay, and participates in the Medicare and TennCare programs and contracts with four of the TennCare MCOs.

- d. Who is proposing to use the MRI unit for patients that typically require longer preparation and scanning times (e.g., pediatric, special needs, sedated, and contrast agent use patients). The applicant shall provide in its application information supporting the additional time required per scan and the impact on the need standard.

Not applicable.